

C4431  
WILTSHIRE COUNTY COUNCIL

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*Annual Report*



OF THE

*Medical Officer of Health*

FOR THE YEAR

*1956*

Being the statutory report required to be made by the County Medical Officer of Health under the Sanitary Officers (Outside London) Regulations, 1935.



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## *Foreword*

IN 1956 the amount of work carried out in most of the services provided by the County Council as the Local Health Authority remained about the same as in the previous year.

The service especially under pressure was health visiting. Visits to infants were maintained at almost the same level, but visits to children between 1 and 5 years decreased, except in Swindon, by 14% as compared with the previous year. This was partly due to selective visiting to enable more help and advice to be given to old people, problem families and expectant mothers and also to co-operation with the general practitioners being extended. It was caused even more by additional work with poliomyelitis and B.C.G. vaccination. Many health visitors have areas too large for fully effective work and it is most important to carry out the scheme of reinforcement approved during the year by the Health Committee. The closer relationship of the mental health services with the maternity and child welfare centres and the work of the health visitors, so that emotional disturbances in very young children may be recognised and immediate help given to the parents, while widening the outlook and scope of the health visitor, will add to their responsibilities.

There was a slight increase in home nursing and in domestic help. The provision of domestic help is restricted in some parts of the County by difficulty in recruiting helps as well as by financial limits. As more emphasis is being placed on caring for sick and elderly people at home where possible and upon close co-ordination between the domiciliary services of the local health authorities, the general practitioners and the hospitals, it is increasingly important, and a national economy, for health visitors, home nurses, domestic helps and night attendants to be readily available. There is a voluntary night attendant service in Swindon and plans were made for a County Council service to be started in the rest of the County.

New services in 1956 included immunisation against whooping cough and participation in the national scheme for poliomyelitis vaccination.

From the beginning of the year, whooping cough immunisation was given, either separately or combined with protection against diphtheria, at the County Council's clinics and material was supplied to general practitioners. The scheme has proved moderately popular, but so far has not had the secondary effect hoped for, that of increasing diphtheria immunisation by the use of the combined method.

Poliomyelitis vaccination showed the ability of local health authorities to carry out at short notice a scheme designed by the Ministry of Health in a field of work new to this country and stimulating to the imagination of the public. Great interest was shown by parents, who co-operated splendidly in the arrangements which were made. The press in Wiltshire were very helpful in conveying accurate information to the public. It was unfortunate that the supply of vaccine permitted less than 12% of the children registered to be vaccinated before the end of the year.

The vital statistics confirm that in several important ways Wiltshire remains one of the more healthy counties in which to live.

It is pleasant to mention the good relations with general practitioners, specialists and hospitals and to express appreciation of the help which they give in many ways to the work of the Health Department, which also owes much to the ready co-operation of other Chief Officers of the County Council and of the District Medical Officers of Health.

To the staff of the Department I express my thanks for the efficiency with which they have risen to every occasion.

County Hall,  
Trowbridge.

C. D. L. LYCETT,

JUNE, 1957.

## *Committees*

The Committees of the County Council mainly concerned with public health are:—

*Health Committee*, the Sub-Committees of which are as follows:—

Staff and General Purposes Sub-Committee,  
Maternity and Child Welfare Sub-Committee,  
Mental Health Sub-Committee,  
Ambulance Service and Health Centres Sub-Committee,  
Swindon Area Sub-Committee.

*Water Supplies and Sewerage Schemes Committee.*

*Education Committee* (school health service and hygiene in schools).

Close liaison is also maintained with other Committees such as the Welfare Committee and the Children's Committee, and the County Medical Officer acts as adviser on health matters to all Committees of the Council.



## *Staff*

County Medical Officer of Health and Principal School Medical Officer:—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:—

J. H. Whittles, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officer:—

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H. (resigned 29/2/56).

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H. (commenced 23/4/56).

Area Medical Officer:—

J. Urquhart, M.B., Ch.B., D.P.H. (also Medical Officer of Health and Principal Borough School Medical Officer, Swindon).

Assistant County Medical Officers (also School Medical Officers):—

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District).

H. Margaret Hammond, M.B., Ch.B.

Ethel M. Voigt, M.B., B.Ch., B.A.O.

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. (also Medical Officer of Health, Devizes Borough and Devizes Rural District) (commenced 1/2/56).

R. Mackay, M.D., Ch.B., D.P.H. (also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District and Amesbury Rural District).

R. S. McElroy, B.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural District) (resigned 30/4/56).

J. B. Kershaw, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural District) (commenced 11/9/56).

Jean Murray, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Trowbridge Urban District and Bradford-on-Avon Urban District).

R. Bruce Killoh, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District).

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (also Medical Officer of Health, Salisbury City).

F. J. G. Lishman, M.D., B.S., D.P.H. (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, and Mere and Tisbury Rural District).

R. S. Male, M.B., Ch.B., M.R.C.P., D.C.H., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon) (commenced 16/1/56).

Ethel M. Wallis, M.B., Ch.B., D.Obst, R.C.O.G. (also Assistant Medical Officer of Health and School Medical Officer, Swindon) (resigned 30/9/56).

S. B. S. Smith, L.M.S.S.A., D.T.M. & H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon) (commenced 1/10/56).

Assistance in respect of immunisation, infant welfare and school medical inspection has also been given from time to time by the following:—

Drs. Norah D. Pinkerton, Olga Nietupska, Margaret Eames and Sheila Godfrey.

## Chest Physician:—

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (by arrangement with Regional Hospital Boards).

## Assistant Chest Physicians:—

A. C. Molden, M.B., Ch.B. (by arrangement with Regional Hospital Boards).

Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (by arrangement with Regional Hospital Boards).

## Chief Dental Officer and Principal School Dental Officer:—

W. H. Liebow, L.D.S.

## Assistant Dental Officers and School Dental Officers:—

S. H. Brenan, L.D.S.

A. T. Craig, L.D.S.

F. H. R. Davey, *O.B.E.*, L.D.S. (commenced 1/2/56).

H. H. Greenhalgh, L.D.S.

J. M. Hanley, L.D.S. (commenced 1/6/56).

E. C. Humphreys, L.D.S.

F. Lake, L.D.S.

J. S. MacLachlan, L.D.S.

R. S. McMinn, L.D.S.

E. H. Randerson, L.D.S.

A. V. Yates (resigned 30/6/56).

## Lay Administrative Assistant:—

C. A. Horton.

## Superintendent Nursing Officer:—

Eleanor W. Redwood, S.R.N., S.C.M., H.V's Cert.

## Superintendent Health Visitor:—

Eileen Search, S.R.N., S.R.F.N., S.C.M., H.V's Cert.

## County Public Health Inspector and Water Supplies Officer:—

T. R. Cox, M.R.S.I., M.S.I.A.

## Mental Health Supervising Officer:—

W. R. Hudd.

## County Ambulance Officer:—

T. Bullock.



# Vital Statistics

## POPULATION

The Registrar-General's estimate for 1956 (including Services) ... 402,800

The figure for the previous year was 397,500

## BIRTHS AND DEATHS

	NUMBER.		RATE FOR COUNTY.		RATE FOR ENGLAND AND WALES	
	1956	1955	1956	1955	1956	1955
Live Births ... ..	6433	6248	17.41	(Per 1,000 Population) 17.13	15.7	15.0
Still Births ... ..	142	122	23.54	(Per 1,000 Births) 20.87	23.0	23.1
Premature Live Births ... ..	398	395	61.87	(Per 1,000 Live Births) 63.22	Not available	
Deaths ... ..	4228	4153	9.77	(Per 1,000 Population) 10.24	11.7	11.7
Deaths from Pregnancy, Childbirth, Abortion ...	2	3	0.30	(Per 1,000 Births) 0.47	0.56	0.64
Deaths of Premature Babies under four weeks of age	49	46	7.62	(Per 1,000 Live Births) 7.36	Not available	
Deaths of all Infants under four weeks of age ...	87	84	13.52	13.44	16.9	17.3
Deaths of Infants under one year of age ...	119	115	18.50	18.41	23.8	24.9
Deaths from Cancer (all forms) ... ..	693	678	1.72	(Per 1,000 Population) 1.71	2.075	2.056
Deaths from Cancer of Lung and Bronchus—						
Male ... ..	101	96	0.28	0.27	0.407	0.389
Female ... ..	12	13				
Deaths from certain Infectious Diseases—						
Tuberculosis, Respiratory ... ..	23	31	0.064	0.08	0.121	0.146
Tuberculosis, Other ... ..	3	1				
Diphtheria ... ..	—	—				
Meningococcal Infections ... ..	—	1				
Acute Poliomyelitis ... ..	—	2				
Measles ... ..	—	1				
Whooping Cough ... ..	—	1				
Other Infective and Parasitic Diseases ... ..	7	6				

## INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1956 of the more important infectious diseases, with comparative figures for the preceding 10 years. The figures for 1950 onward include non-civilians.

Disease.	Total Notifications during										
	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	355	311	455	269	564	607	407	282	208	198	221
Diphtheria ... ..	14	16	6	2	—	3	1	1	3	1	—
Enteric Fever (including Paratyphoid) ..	1	1	2	1	4	1	1	—	5	3	1
Puerperal Pyrexia ... ..	50	34	35	36	24	52	113	142	93	124	151
Meningococcal Infection ... ..	15	13	3	8	6	3	11	8	1	9	12
Acute Poliomyelitis—											
Paralytic ... ..	13	51	30	67	50	16	28	57	20	21	10
Non-Paralytic ... ..											
Acute Encephalitis ... ..	1	—	—	—	3	1	—	2	1	—	—
Ophthalmia Neonatorum ... ..	27	19	7	3	20	4	5	6	3	2	2
Whooping Cough ... ..	Figures for these 3 years are not available.			822	1398	1544	1129	1012	1208	987	445
Measles ... ..				3527	1279	6721	1541	7225	334	6227	348
Dysentery ... ..	Figures for these years are not available.								77	58	618
Food Poisoning ... ..											
									71	141	146

With poliomyelitis the total number of cases in which the diagnosis was finally confirmed was 11. The large increase in the incidence of dysentery is accounted for by cases of sonne dysentery which is now an important public health problem in this country.

## *Co-ordination and Co-operation with other Branches of the National Health Service*

Every effort has been made to continue to improve co-ordination and co-operation and a considerable amount of success has been attained. A number of local meetings were held during 1956 in various parts of Wiltshire for general practitioners and the medical officers, health visitors, district nurses and midwives employed by the County Council when many matters of mutual interest were discussed.

The memorandum by the Central Health Services Council on ante-natal care related to toxæmia and Circular 9/56 from the Ministry of Health led to meetings called by the chairmen of the hospital management committees. To these meetings held in Bath, Salisbury, and Swindon were invited representatives from hospital, local health authority, and general practitioner services. There were very full discussions on the memorandum, on the present arrangements (in each area) and the consideration of possible improvements in local ante-natal care. Good co-ordination between the three branches of the Health Service is (clearly) a basic essential.

During the year arrangements have been made to enable certain medical officers and health visitors to attend ward rounds and out-patients sessions with the paediatrician at the nearest hospital. These visits have led to stimulating discussion and exchange of information adding to the value of the teaching so generously given.



## \* *Care of Mothers and Young Children*

### ANTE-NATAL CARE.

The Ministry's Circular 9/56 on this subject received very careful consideration and a series of meetings arranged by the Chairmen of Hospital Management Committees covering Wiltshire were attended, at which every aspect of co-operation between the hospital services and the County Council's domiciliary nursing services were discussed. Meetings of this kind between the otherwise independent branches of the Health Service undoubtedly serve a very useful purpose as, although a high degree of co-operation between the services in Wiltshire has been achieved, points of improvement in detail not revealed in ordinary day-to-day working are thus found. Very full discussion took place concerning some of the practical difficulties such as arise in ensuring that every ante-natal patient has a blood sample taken for detailed investigation, especially in more rural parts of the County, and that the earliest signs of toxæmia are detected and promptly treated. From this discussion it emerged that even closer co-operation between the three component parts of the Health Service can contribute much towards better ante-natal care.

Ante-natal care provided through the Council's service is, of course, mainly given by the midwifery staff in the course of their domiciliary work and there are now, excepting Swindon, only three ante-natal clinics separate from the hospital service, at Bulford, Corsham and Wilton. The total attendance in 1956 was 783 compared with 593 in the previous year.

### MATERNAL MORTALITY.

One of the two deaths which took place in 1956 occurred at home and the other in hospital. Both of these patients died as a result of complications of pregnancy.

### INFANT WELFARE CENTRES AND HEALTH VISITORS' CENTRES.

At the end of the year there were 57 centres open, compared with 59 in 1955. Owing to lack of attendance the medical officer was withdrawn from the Great Bedwyn, Landford, Laverstock and Nomansland Centres. That previously held at Lypiatt Camp was closed but a centre was started at Neston, and two others, Bodenham and Stoford, where attendance was growing, were provided with a medical officer.

In the County, excluding Swindon, there was a total of 37,276 attendances compared with 35,465 last year.

Taking into account the changes mentioned above and the opening of some new centres at the end of the year 44 health visitors' centres were open. There were 9,246 attendances.

Two thousand, seven hundred and seventy two children attending infant welfare centres were under one year of age. This is a ratio of 55:100 with the total of live births in the year.

The following quantities of proprietary articles were supplied to infant welfare centres (the 1955 figures are in brackets):—

Infant Milk Foods	...	...	...	...	...	...	...	12,090 lb. (8,570)
Baby Cereal	...	...	...	...	...	...	...	5,076 pkts. (4,064)
Weaning Foods (Meat, Fruit, Vegetables, etc.)	...	...	...	...	...	...	...	1,956 tins (1,488)
Nutrients (chiefly malt and oil preparations and Vitamin C syrup)	...	...	...	...	...	...	...	12,234 containers (5,472)
Baby Rusks	...	...	...	...	...	...	...	2,280 pkts. (2,010)
Glucose	...	...	...	...	...	...	...	1,680 containers (1,536)
Malted Milk	...	...	...	...	...	...	...	1,764 tins (1,286)
Teats and Accessories	...	...	...	...	...	...	...	1,164 (1,302)

[\*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]



#### CARE OF PREMATURE INFANTS.

There was a slight decrease in the total number of children born in 1956 weighing  $5\frac{1}{2}$  lb. or less and therefore classed as premature. The number was 293 compared with 304 in the previous year. Sixty-four of these were born at home and of these 16 were transferred to hospital. Of the 48 born at home and entirely nursed there, only one died within 28 days of birth; of the 16 transferred to hospital four died within that period.

#### DAY NURSERY PROVISION.

The Salisbury Day Nursery, in which there are 35 places, has maintained a reasonable level of attendance with a tendency to increase, but the attendance at the Trowbridge Nursery (25 places) has steadily fallen.

These nurseries continue to provide a very useful service for unmarried mothers and for hardship cases. With the reduced maximum charge they should also provide, for many children whose parents seek their admission for economic reasons, much better living conditions by day than would be found for them with neighbours and others in premises which are not supervised (as the number of children received might often be insufficient to require registration under the Nurseries and Child Minders Regulation Act).

#### DISTRIBUTION OF WELFARE FOODS.

At the end of the year there were, excluding Swindon, 18 main centres open in the towns and 179 smaller centres. Staffing continued to be by volunteers with excellent results.

The following amounts of food were issued in 1955:—

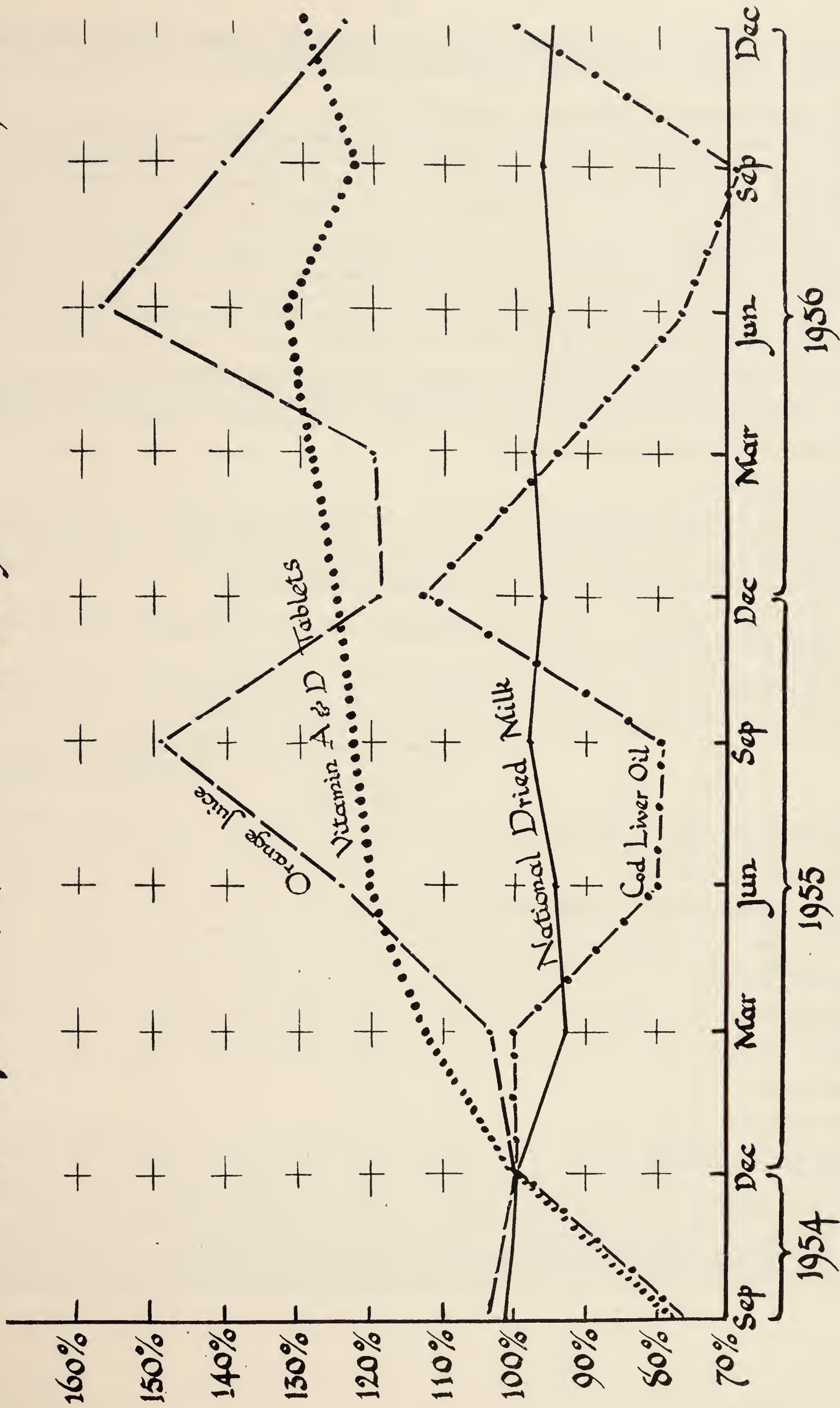
National dried milk (full cream and half cream)	132,080 tins (135,815)
Cod liver oil ... ..	33,979 bottles (37,783)
Vitamins A & D tablets ... ..	13,680 packets (12,969)
Orange juice ... ..	226,458 bottles (210,357)

(These amounts do not include issues made in Swindon, although these are accounted for centrally in the County Health Department. Emergency needs throughout the County are met by transfers arranged within the County from headquarters.)

The figures given in brackets are those for 1955.

The graph shows the uptake of these foods at quarterly intervals expressed as a percentage of the uptake for the December quarter of 1954, which was the first complete quarter during which the County Council administered the distribution scheme. Comparable information for the County for the preceding years is not available.

Amounts distributed each quarter shown as percentages of those at the December quarter 1954 when the County Council took full responsibility.



[It should be noted that issues by Government Food Offices, which remained open for 2½ weeks after the County Council commenced issuing, are not included in the amounts shown for the September quarter 1954.]



The main and local distribution centres have continued to assist in health education by the exhibition of posters and distribution of leaflets during the year.

#### CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The County Council's arrangements for grants to the Salisbury and Bristol Diocesan Associations for Moral Welfare to assist in providing diocesan welfare workers in this service continued unchanged. Substantial improvements at the Council's expense to the kitchen and laundry accommodation were made of the building which is provided at Devizes for the hostel for girls organized by the Salisbury Association, and to which go most unmarried mothers from the County who are not confined in their home areas. The demand frequently exceeds the available places at certain times of the year, and unmarried mothers are sent, at these times, to the diocesan home at Salisbury, or to homes outside the County. As the numbers fluctuate very markedly it would not be economic to organize a hostel sufficiently large to cope with the maximum demand, as at other times it would be partly idle, and the present arrangements seem the best compromise possible.

The Superintendent Health Visitor continues to act as liaison officer with the Diocesan Associations. During 1956 help was given to 311 unmarried mothers. Sixty three admissions were made to Devizes hostel, for 48 of whom the Health Committee was financially responsible, and 28 admissions to other homes at the Council's expense.

#### BIRTH CONTROL.

Voluntary family planning clinics continue to be available at Swindon, Trowbridge, Amesbury, Salisbury and Bath, and a limited number of women, recommended for advice on medical grounds, are referred there. If necessary the County Council meets the fees. The number of patients for whom the Council was asked to meet such charges in 1956 was 43.

#### INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR MATERNITY BEDS TO DETERMINE NEED FOR PRIORITY OF ADMISSION.

The following table summarizes the results of the investigations made during 1956:—

Maternity Hospital.	Number of patients whose social conditions were investigated by County Council.	Number recommended for priority of admission.	Number not so recommended.
Bradford-on-Avon Maternity Hospital ... ..	19	19	—
Devizes Maternity Hospital ... ..	45	45	—
Greenways Maternity Hospital, Chippenham ...	92	55	37
Kingshill Maternity Hospital, Swindon ... ..	112	68	44
Malmesbury Hospital ... ..	24	18	6
Odstock Hospital ... ..	95	83	12
Savernake Hospital ... ..	31	19	12
Cirencester Hospital ... ..	2	1	1
Frome Hospital ... ..	7	7	—
St. Martin's Hospital, Bath ... ..	13	8	5
TOTAL ... ..	440	323	117

These figures show that 26.6% of patients whose social circumstances were investigated were not recommended for priority of admission; this figure compares with 26.1% in the previous year.



The figures given for the first two hospitals in the list refer almost exclusively to unmarried mothers recommended for admission from the Girls' Hostel, Devizes.

In the case of patients whose admission to hospital was not recommended, every assistance in making suitable arrangements for confinement at home was given by the domiciliary midwifery and home help services.

#### REPORT OF THE CHIEF DENTAL OFFICER.

From a dental point of view the priority classes are those whose need of dental care is greater than that of other members of the community. They comprise children under five years of age, expectant and nursing mothers, school children and adolescents. Attention to the dental health of expectant and nursing mothers and infants is essential for safeguarding the birthright of a sound dentition. Section 22 of the National Health Service Act, therefore, places upon local health authorities the duty of making arrangements for the care, including in particular the dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by the local education authority.

As propaganda in the prevention of dental disease is one of the finest fields of preventive medicine, it is requisite that much of the time of any scheme of dental supervision should be devoted to guidance and advice in these matters. Much can be done by individual talks, although these require much more time than group talks which, in any case, can seldom be carried out by the dental officers because of the limited accommodation provided during their visits to the infant welfare centres. A great deal has to be done by health visitors, whose advice on diet and dental hygiene can help to ensure a healthy dentition. The best results are obtained from young mothers who usually welcome advice which will benefit their children's health. During the year a talk on the care of the teeth and instruction in the use of the film strip projector was given to health visitors. As a result, there has been a good demand for the projector, which has proved a useful adjunct to these talks. Sound films have also been used with good effect to audiences at Women's Rural Institutes, etc. There is no doubt, however, that in order to bring about an appreciable improvement in dental fitness, a concerted and continuous national effort by interested bodies is necessary. This effort, in combination with research, would eventually do much towards reducing the present high cost of dental treatment.

Treatment of children under five years of age is one of the most difficult problems in dentistry. Some will not submit to prolonged periods in the dental chair, but others become excellent patients and co-operate fully with the dentist. A great deal depends upon the preparation of the child by the parents prior to the first visit. Instead of warnings to behave, as it will not hurt, accompanied by fictitious stories about visits to the dentist, the child should be assured that the visit is a commonplace event. The dental officers have to devote much time to an endeavour to establish a friendly relationship. If this is not possible, little can be done apart from palliative treatment until the child is older and more co-operative. Failing this, it is not always possible to conserve teeth, which usually have to be removed later because of pain or sepsis. Removal of deciduous molars at an early age is a major cause of irregularities in the permanent teeth with consequent need for orthodontic treatment. In an effort to prevent the loss of deciduous molars, when fillings cannot be inserted, a silver solution is applied. This stains the teeth but postpones the need for extractions for some time.

The accommodation provided for dental inspections at infant welfare centres varies from small, insanitary badly lit rooms to a modern dental surgery, as at Salisbury General Infirmary. The number of patients attending for inspection and the percentage accepting treatment under County Council arrangements is much higher when the accommodation and facilities are good. Patients are apt to prejudge the quality of treatment by the accommodation provided. Treatment is usually carried out at one of the thirteen maternity dental clinics. In some of the rural areas a considerable amount of time must be spent in travelling to and from these clinics and, when extensive treatment is required, mothers with families can sometimes not afford the time to have complete treatment.



The dental officers' visits to the infant welfare centres are justified only when the number of mothers and children presented for examination is reasonably high. On some occasions, it is possible to visit two centres during one afternoon. At the smaller centres patients are referred for inspection or treatment by the medical officers or health visitors. During the year 80 visits of inspection were paid to infant welfare centres.

The work done, which shows an increase under most headings, can be examined in the following table.

RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946 (INCLUDING SWINDON).

(Figures for the previous year are shown in brackets.)

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ..	634 (546)	584 (482)	404 (379)	280 (238)
Children under Five ... ..	1106 (1006)	719 (653)	553 (531)	533 (440)

(b) Forms of dental treatment provided.

	Scalings and Gum Treat- ment.	Fillings	Silver Nitrate Treat- ment.	Crowns or Inlays.	Extrac- tions.	General Anaes- thetics.	Dentures Provided. Full Upper or Lower.		Radio- graphs.
Expectant and Nursing Mothers ... ..	904 (743)	580 (571)	— (11)	1 (1)	1251 (967)	106 (74)	67 (60)	148 (102)	26 (43)
Children under Five ..	128 (216)	369 (388)	359 (299)	— (—)	915 (701)	332 (242)	— (—)	— (—)	1 (1)

## \* *Midwifery*

The number of practising midwives in the area at the end of the year was as follows:—

Domiciliary midwives (a) employed by County Council	...	77
(b) Hospital Management Committee	...	2
Hospital midwives	...	63
Midwives in private practice (including those in Nursing Homes)	...	7
		149

### SUPERVISION OF MIDWIVES.

The County Medical Officer and Deputy are both authorised to undertake the medical supervision of midwives, and the routine non-medical supervision is undertaken by the Superintendent Nursing Officer and Deputy. The Borough of Swindon is included in this arrangement.

### GENERAL.

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon:—

Category.	Domiciliary Cases.						Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals.		
	Doctor present at delivery.	Doctor not present.	Doctor present at delivery.	Doctor not present.			
County Council Midwives ...	5 (10)	62 (58)	162 (133)	1379 (1326)	1608 (1527)	— (—)	
Midwives employed by Hospital Management Committees ...	— (—)	— (20)	7 (5)	167 (164)	174 (189)	2757 (2758)	
Private Midwives ...	— (—)	— (—)	4 (8)	4 (1)	8 (9)	38 (66)	
TOTALS ...	5 (10)	62 (78)	173 (146)	1550 (1491)	1790 (1725)	2795 (2824)	
GRAND TOTAL ...						4585 (4549)	

The figures in brackets are those for 1955, for comparison.

The difference between the total number of births attended by midwives and the total number of registered births is mainly accounted for by the considerable number of births which occurred in the U.S. Air Force Hospital, Burderop Park, attended by U.S. personnel.

County midwives were asked during the year to attend 176 women discharged from maternity hospitals before the fourteenth day.

[\*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]



## ANALGESIA AND DISTRICT MIDWIFERY.

*Trichloroethylene*.—All district midwives and district nurse midwives have been equipped with apparatus for administration of trichloroethylene analgesia. Its use has become very popular, as the table below indicates.

*Gas and Air*.—All domiciliary midwives are trained in gas and air analgesia and all are equipped with the necessary apparatus.

*Pethidine*.—Pethidine remains a most useful analgesic in district midwifery, and the following table shows the extent of its use in domiciliary work, together with the other analgesics mentioned above.

	Trichloroethylene.	Gas and Air.	Pethidine.
Number of cases in which in 1956 analgesics were employed by domiciliary midwives employed by the Council, and by the Salisbury Hospitals Management Committee, as the agent of the Council ... ..	1079	506	1063

## HOUSING ACCOMMODATION FOR MIDWIVES.

One new County Council bungalow was completed during 1956 at Tisbury. No further building is in hand owing to restrictions on capital expenditure, although housing remains a paramount necessity if vacancies in the district nursing staff are to be filled. Many district councils co-operate readily with the County Council by providing council houses when available, but such houses are by no means always available where and when required.

A report was made to the Health Committee in 1956 on seven unsatisfactory properties used as nurses' houses, and steps have since been taken for their replacement by council houses or repair. Two of the nurses have preferred to obtain their own accommodation.

## MIDWIVES ACT, 1918.

Medical aid was summoned by midwives in 244 domiciliary cases attended by them in the capacity of midwife during 1956, but in only 12 instances did the doctor concerned claim his fee from the Council under the Midwives Act, 1918. The inference is, of course, that in the remaining cases he was already booked by the patient under the maternity medical services scheme.



## \* *Health Visiting*

The Working Party appointed in September, 1953, to advise on the proper field of work, recruitment and training of health visitors in the National Health Service and School Health Service made its report in 1956. A very comprehensive survey of health visiting practice was made and the Working Party recognized the necessary development of the work of the health visitor towards health education, advice to members of the family other than mothers and young children, and co-operation with family doctors and hospitals. In consequence of their recognition of these broader responsibilities and of the need for adequate time to be spent on health education if results are to be achieved, the Working Party recommended a large increase in the number of health visitors and gave some consideration to possible improvement in recruitment.

The urgent need for planned expansion of the health visiting staff in Wiltshire was already apparent and the difficulty in recruiting trained health visitors led to a special report being made to the Health Committee in November, 1956. The proposals made envisaged the increase of the staff from 39 to 79 in either five or seven years as the Council might decide. A start has been made by providing financially for the number of health visitors to be trained in 1957-8 to be increased to nine, which was the number proposed in the report.

Infant visiting has been almost entirely transferred to health visitors, but the case load in many areas is much too high and there is also a great deal of school nursing which should be transferred from district nursing to health visiting staff.

The following table gives a summary of the visits undertaken by the health visitors during 1956, with figures for 1955 in brackets (excluding Swindon, the statistics for which are given on page 32).

Number of Children under 5 years of age visited during year.	Expectant Mothers.		Children under 1 year of age.		Children age 1 but under 2 years.	Children age 2 but under 5 years.	Tuber- culous house- holds.	Other cases.	Total number of families or households visited by health visitor.
	First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.	
19,328 (23,352)	794 (592)	1,049 (774)	5,073 (5,064)	22,971 (27,106)	12,157 (15,094)	21,663 (24,227)	1,408 (1,400)	15,049 (12,017)	17,364 (20,794)

The reduction in the number of visits to children under five years of age, although partly due to additional time being taken on visits to adults shown in other heads of the table, is mainly due to the large amount of time necessarily spent on clinic sessions of new branches of the service, B.C.G. and poliomyelitis vaccination.

The number of live births (excluding Swindon) during the year, corrected according to domicile, was 5,081, and there were also 109 stillbirths. The figures for 1955 were 5,097 and 99 respectively.

The special list which is maintained of families with seriously unsatisfactory home conditions and neglect of children, requiring particularly constant supervision by health visitors, contained the names of 74 families at the end of the year. During the year seven families have been added to the list and 22 (two of whom had left the County) have been removed. It will be seen, therefore, that in a proportion improvement to a point justifying removal from the list is achieved, but there remains a considerably larger hard core of families with whom it is very difficult to secure permanent improvement. The experimental employment of a whole-time domestic help devoted entirely to work with these families, and with special capability for the work, continues, and in a number of cases has led to very good results immediately and with some promise of permanence. Her work is naturally restricted to the area immediately surrounding her home and it was hoped to extend the scheme to the County generally by employing part-time special helps in less populous areas, but it has been found almost impossible to recruit suitable women prepared to work in this type of household.

[\*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

## \**Home Nursing*

At the end of the year there were 88 nurses undertaking home nursing, 11 in a whole-time capacity on this work. The others were engaged on combined duties, principally district midwifery undertaken by 73 of the 77. No special provision has been made for home nursing of sick children, but a considerable number of children are nursed in their own homes. Figures available for the nursing of children under five show that 1,097 were nursed at home during 1956, 4,638 visits being paid.

The following table gives a brief analysis of the type of cases attended by the home nurses, and visits paid during 1956. There is no doubt that, with modern antibiotic techniques, visits made solely for the purpose of giving injections form a very considerable part of their work.

	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Totals.
Number of Cases Attended ...	6,882	2,438	60	54	128	1,499	11,061
Number of Visits Paid ...	86,847	25,814	504	1,982	900	6,081	122,128

A table in Appendix A gives the districts, with particulars of the work undertaken, including midwifery where the work of home nursing and midwifery is combined, and for purposes of comparison the figures for the previous year are shown in brackets.

[\*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]



## \* *Vaccination and Immunisation*

### SMALLPOX VACCINATION.

During the year records were received from general practitioners of 3,148 primary vaccinations, and 1,006 re-vaccinations. The figures for 1955 were 3,065 and 970 respectively. Of the total of 3,148 primary vaccinations 2,448 were of infants, compared with 2,493 in 1955.

### DIPHTHERIA IMMUNISATION.

During the year 4,679 primary immunisations and 4,489 reinforcing injections were carried out by County Council staff and general practitioners, compared with 4,393 and 6,573 in 1955. Of the total of 9,168 primary immunisations and reinforcing injections 4,217 were undertaken by general practitioners. From mid-1956, the practice of giving second reinforcing injections to children of 10 years of age was discontinued and this is reflected in the statistics. The following table shows the number of children under the age of 15 immunised during the years 1952-1956:—

Number of Children who had completed a course of Immunisation (Primary or Reinforcing) in the period  
1st January, 1955, to 31st December, 1956:—

Age at December 31st, 1956, i.e., Born in Year	Under 1 1956.	1—4 1955—52.	5—9 1951—47	10—14 1946—42	Total under 15
Number immunised with diphtheria or diphtheria pertussis antigens ... ..	1,105	13,613	18,314	10,459	43,491

### WHOOPING COUGH IMMUNISATION.

The scheme for immunisation of children with combined diphtheria and pertussis antigen (or the pertussis antigen alone) was introduced on 1st January, 1956.

Supplies of the approved antigens are available to practitioners and the service is provided in all infant welfare centres in the County. The primary course of three injections is commenced at approximately four months of age, and reinforcing injections will be provided at 18 months—2 and 5 years of age. During the year 3,708 primary immunisations and 283 reinforcing injections were undertaken by County Council medical officers and by general practitioners, who received fees of 7/6d. for records of combined immunisation, and 5/-d. for records of whooping cough immunisation only.

Information of the scheme for combined immunisation is sent to the parents of every child by the fourth month, and is followed by another communication if the first is ignored. Health visitors also undertake personal propaganda both in homes and clinics.

### B.C.G. VACCINATION.

An account will be found on pages <sup>25</sup>33 and 51.

### POLIOMYELITIS VACCINATION.

When poliomyelitis vaccination was introduced by the Ministry of Health in January, 1956, using the British vaccine of the Salk type, the offer was widely publicised to the parents of children in the age groups initially concerned, those born in 1947-1954. The response in the County was well above the national average, being 35% of those eligible against 29% in the country as a whole.

[\*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

The limited supplies of vaccine made available from the beginning of May were fully utilised although, as vaccination was suspended from the end of June until December, the period during which poliomyelitis is usually most prevalent, there was little time to make comprehensive arrangements convenient to parents both in the urban and the more remote rural areas. As a special measure two ambulances were temporarily equipped to act as mobile centres for vaccination during May and June. Most of the work was, however, undertaken in the premises normally used for infant welfare centres.

Parents co-operated readily and it was evident that much interest had been aroused, many enquiries on various aspects of poliomyelitis vaccination being received. It was therefore unfortunate that supplies of vaccine were insufficient to vaccinate completely (i.e. with two injections) more than 1,097 of the 16,059 children for whom consent was given, before the work was suspended. In addition 1002 single injections had been given, and, when vaccination was resumed in December, supplies of vaccine were first devoted to completing the vaccination of these children.

When the scheme was first introduced some parents had doubts about the safety of vaccination against poliomyelitis in view of the experience in the United States of America in 1955 when cases of the disease occurred as a result of the use of the vaccine produced by one firm. These doubts rapidly diminished as the scheme proceeded with no untoward results. The Ministry of Health were concerned to ensure that the efficacy of the British vaccine should be estimated as accurately as possible and, with the advice of the Medical Research Council, a national scheme of recording was devised so that the incidence of poliomyelitis in vaccinated and unvaccinated children could be compared. The incidence of poliomyelitis in 1956 was low in the whole country and no final evaluation of the efficacy of the vaccine has yet been made but there is good reason to think that it confers substantial protection against paralytic poliomyelitis.



## Ambulance Service

The following table gives details of the work of the County Ambulance Service during the year 1956, the figures in brackets being those for 1955.

	PATIENTS		MILEAGE
	Accident or Emergency.	Other.	
AMBULANCES:			
County Council Ambulances (excluding Salisbury Area) ... ..	3,202 (3,213)	20,995 (23,440)	234,221 (235,134)
*County Council Ambulances—Salisbury Area	850	1,513	31,190
†Salisbury S.J.A.B. ....	735 (1,654)	2,227 (3,848)	32,478 (65,902)
Other Voluntary Ambulances ... ..	257 (362)	449 (729)	25,228 (29,802)
Total Ambulance Work ... ..	5,044 (5,229)	25,184 (28,017)	323,117 (330,838)
SITTING CASE CARS:			
County Council Cars (up to 4 passenger seats)	655 (370)	16,862 (9,213)	116,418 (86,324)
County Council Cars (over 4 passenger seats)	655 (870)	26,415 (40,914)	190,287 (261,853)
County Car Pool ... ..	103 (46)	55,668 (64,807)	606,840 (671,838)
Other Voluntary Units ... ..	15 (2)	2,615 (3,877)	11,343 (18,140)
Car Hire ... ..	— (—)	5,012 (7,125)	22,053 (33,740)
Total Sitting Case Car Work ... ..	1,428 (1,288)	106,572 (125,936)	946,941 (1,071,895)
RAIL TRANSPORT ... ..	226 (173)		

\*Agency arrangement operating in Salisbury Ambulance Area until 30/6/56.

†Directly provided service in Salisbury Ambulance Area commenced 1/7/56.

The total mileage travelled in 1956 appears much below that for 1955. This is largely because since the 1st of April, 1956, no mileage has been included for journeys with sub-normal children to occupation centres. Apart from this reduction, however, there was a fall of 35,000 miles in the ambulance service mileage as compared with 1955. This is only a small reduction (about 2.3%) but it suggests that the demand both for cars and ambulances has stabilised. This is more clearly demonstrated on the diagram showing the mileages travelled since 1948.

Mention was made in my last report of the Ministry of Health survey of the County's ambulance service undertaken in December, 1954, and the consideration the Health Committee were giving to the organisation of the ambulance service as a whole. One of the main points reviewed was a new shift system. Proposals were made and the Committee, while agreeing that the institution of a shift system as recommended would improve and ensure the efficiency of the ambulance service, felt unable to recommend its adoption in full at the present time. It was agreed, however, that in order to relieve pressure on the Swindon main station, particularly at night, three additional driver/attendants should be appointed. These were appointed during the year and it has rarely been necessary since to send out an ambulance without an attendant.

The biggest change which took place in the ambulance service during 1956 occurred in the Salisbury area. Since 1948 this had been covered on an agency basis by the Salisbury Division of the St. John Ambulance Brigade for ambulance work. The contract for this agency fell due for renewal, but after prolonged negotiations agreement could not be reached, and the St. John Ambulance Brigade signified their intention of terminating the agency from the 1st July.



This seems an appropriate time to acknowledge the work done with the County Ambulance Service over the past eight years in the Salisbury area by the St. John Ambulance Brigade working under the County Commissioner, H. S. Taylor-Young, Esq., F.R.C.S. We were fortunate in being able to take on to our staff six of the men who had been employed by the St. John Ambulance Brigade.

At short notice arrangements had to be made for a directly provided service. The County Council had to meet three main needs; premises from which to operate, additional staff, and the provision of ambulances.

Ambulances were obtained by depleting the numbers at the three other main stations in the County until four new ones, already awaited, could be obtained. Four vehicles, which in the normal course of events would have been replaced because of their type, age, and state of repair, were thoroughly overhauled and the fleet thus enlarged was redistributed so that the four ambulances sent to Salisbury were representative of the standard in the County as a whole.

The acquisition of premises proved more difficult. Various buildings were inspected with a view to renting for adaptation, but none was suitable. It soon became obvious that by July 1st no premises would be available which could house all sections of a main station under one roof. The County Council already had a small control centre with two garages for cars attached, which had been built on ground acquired from the Welfare Committee adjacent to Meyrick Close. Arrangements were made for emergency garaging and repair work to be provided by a Salisbury garage and as a temporary measure permission was granted by the Salisbury Group Hospital Management Committee for vehicles standing by to be parked on the asphalted area outside Newbridge Hospital; this was how the service began on 1st July.

It was finally decided to erect a garage for four ambulances close to the existing control centre, on additional land which the Welfare Committee made available. These garages were constructed in such a way as to be capable of being moved should this be necessary later, and were in use before the end of the year.

A staff room was provided in a caravan with the necessary lighting and heating.

The County Council's wholetime staff at Salisbury consisted of 1 Assistant Superintendent and 2 driver/attendants. It was agreed in the first place to upgrade the Assistant Superintendent to the post of Superintendent and to have an establishment, in addition, of three senior drivers, one driver/mechanic and ten driver/attendants, although it was realised that this would probably have to be increased by two further driver/attendants in the near future. In addition to our own staff we were able, as mentioned before, to take over six driver/attendants who had been working for the St. John Ambulance Brigade.

Great credit must be given to the staff of this station, both new and old, for the way in which they co-operated to take over the service.

Very valuable service has again been given by the County Car Pool. These volunteer drivers covered more than 600,000 miles in the year. In certain cases, particularly the Malmesbury and Chippenham districts, the number of drivers is low, and it has been impossible to recruit fresh volunteers. The work is well worthwhile, and it is greatly hoped that further drivers will be forthcoming in these areas shortly.

In addition to the County Car Pool, ambulance units of the British Red Cross Society and St. John Ambulance Brigade have again helped by undertaking work for the County Ambulance Service. Their assistance during times of pressure on the Council's own staff has strengthened the service.

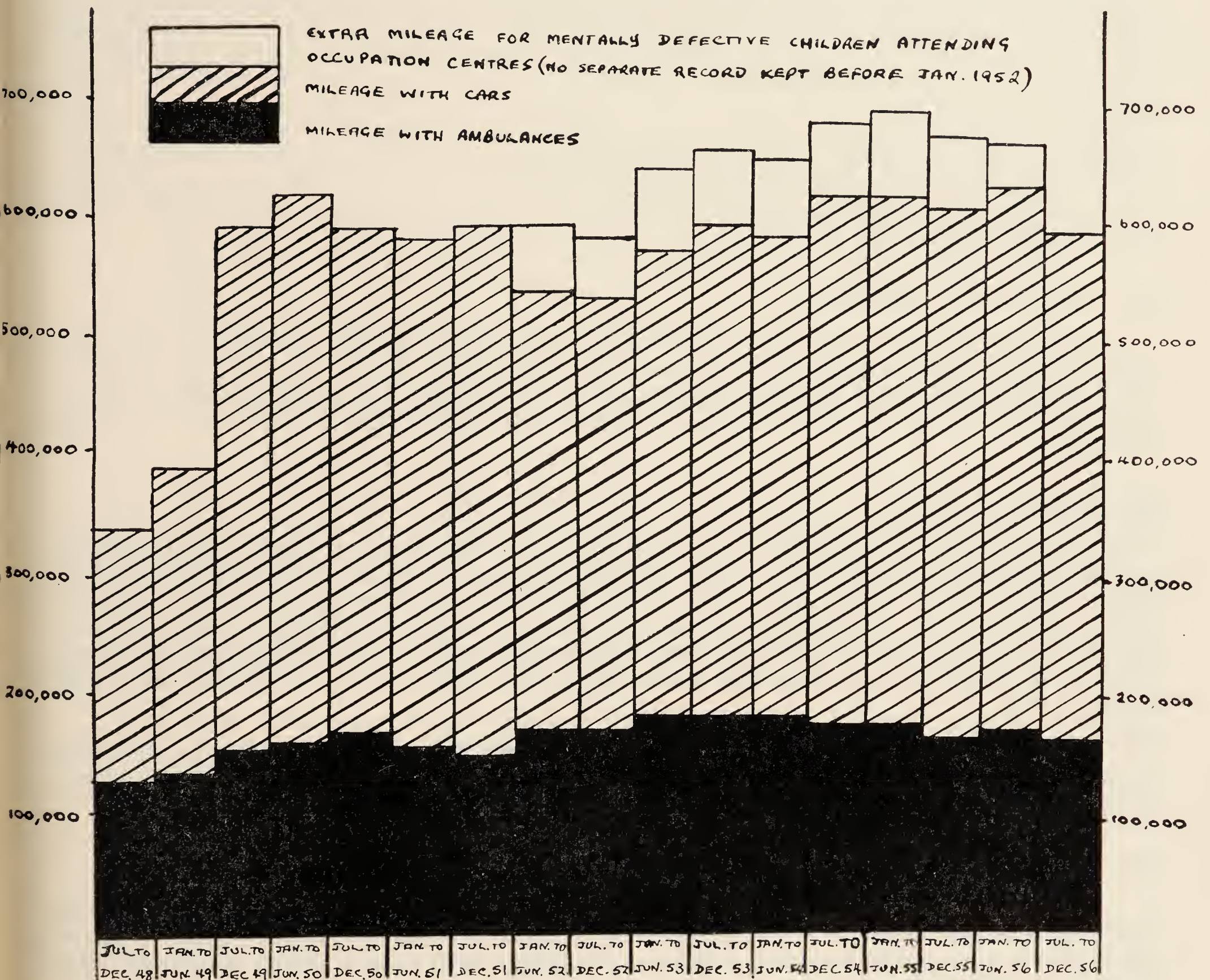
By the end of the year, each of the four ambulance service areas in the County had the use of a new ambulance constructed on a non-commercial type of chassis. These new vehicles are a distinct improvement on those constructed on a commercial type of chassis in maintaining the comfort and general condition of patients suffering for instance from fractures or acute abdominal complaints.



Financial restriction has slowed down the rate of replacement of ambulances, but it is hoped that in future all of the ambulances on a commercial type chassis will be replaced by this newer type.

Apart from ambulances three dual purpose vehicles of a new type, with forward facing individual seating, were purchased, mainly for sitting cases, and these have proved very successful and a great improvement as regards comfort for the patient.

### AMBULANCE SERVICE MILEAGE SINCE 1948.





## \* *Prevention of Illness, Care and After-Care*

(a) TUBERCULOSIS.

(b) MENTAL HEALTH.

} Reports under these headings are  
made in the relevant sections  
on pages 46 and 38.

(c) OTHER TYPES OF ILLNESS.

Hospital discharge reports on children are made the starting point for after-care visits by health visitors and for particular attention by the medical officer of the local infant welfare centre if the child is in attendance. Copies of notifications of the common infectious diseases received from district medical officers of health under the National Health Service Act are used to provide information of such cases to the health visitors, although it is obviously impracticable, particularly in times of epidemic, for all to be visited by the comparatively small staff of health visitors available. However, by this system the health visitor is enabled to visit those who, from her knowledge of the home conditions, are most likely to need visiting and can most readily be fitted in with her other journeys. The visits undertaken are included in the main total of visits given in the section relating to health visiting on page 17.

(d) CONVALESCENT TREATMENT.

Twenty eight convalescent patients were sent to six convalescent homes, mostly on the coast. In all cases two weeks' convalescent treatment is provided, but, if advised by the medical officer of the home, this is extended. The scheme is restricted to patients not needing medical or nursing care, and contributions towards the cost are required in accordance with a scale set by the County Council.

(e) HEALTH EDUCATION.

New health education leaflets, posters, and other publications are critically examined and, if considered helpful, added to the already considerable range of literature made available to the public through health visitors and clinics. Scope for the display of posters in the hired premises used for the majority of infant welfare centres in rural areas, is, of course, limited, but judicious use of the material now available by an enthusiastic health visitor can do much to bring the potentiality of the centre more into line with that which is taken as a matter of course in a specially designed town clinic.

A film strip projector with a small library of suitable film strips is available in the Health Department, and is being more frequently used to augment talks given by health visitors to local meetings of mothers, mainly at infant welfare and health visitors centres.

(f) PROVISION OF HOME NURSING EQUIPMENT.

In Appendix B is a list of the medical loan depots run by the Red Cross and St. John Ambulance Brigade in conjunction with the County Council. In addition there is a central medical loan depot at County Hall for larger articles of equipment, such as foam rubber mattresses, spinal carriages, wheel chairs, etc.

During 1956 1712 loans were made from the loan depots and 83 from County Hall. Charges varying from 1d. to 1s. 0d. per week are made according to the value of the article, although these are remitted in necessitous cases.

[\*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]



## (g) B.C.G. VACCINATION.

B.C.G. vaccination of 13-year-old children was continued in the same areas of the County as in 1955, namely:—

City of Salisbury  
Borough of Wilton  
Salisbury and Wilton Rural District  
Amesbury Rural District  
Mere and Tisbury Rural District

The hoped for extension of the work during 1956 to other areas did not materialise, mainly because of the other demands upon medical officers' time. Provision has, however, now been made for the staff to be strengthened so that during 1957 it should be possible to cover most, if not all, of the County.

Statistics for the year 1956, with comparative figures in brackets for 1955, are as follows:—

No. of 13-year-old children for whom B.C.G. vaccination offered	714	(758)
No. of children for whom parental consent to vaccination given	483	(448)
Percentage of children for whom consent received ... ..	67.6	(58.5)
No. of children who had preliminary Heaf test (11 children absent)	472	(425)
Results of Heaf tests:—		
Positive and B.C.G. vaccination not indicated ... ..	151	(151)
Percentage positive ... ..	31.9	(35.5)
Negative ... ..	321	(274)
No. of children vaccinated (one child refused vaccination) ...	320	(274)

It is the intention that children who have been vaccinated shall be retested one year later to see that the positive reaction has been maintained. Vaccination was not started until September, 1955, and it was, therefore, late in 1956 before this follow-up could be started. Some of the children left school in July, 1956, and, of the remaining 217, the parents of 152 gave consent to repeat Heaf tests being made. Sixteen of these children were retested in 1956 and 101 early in 1957. All but three gave positive results. These three children were re-vaccinated and became positive. Of the remaining 35 children, a further seven had by that time left school. Three were unable to keep their appointments because of illness, six had left the area, and 19 remain to be dealt with.

As the scheme progresses and more medical staff time becomes available, it should be possible to ensure that all vaccinated children have the opportunity to be re-tested at least once before leaving school.

## \* *Domestic Help*

The following table shows the growth of the service since 1948:—

Year.	Number of Enrolled Home Helps at end of year.	Number of Cases attended during year.		
		Maternity.	Other.	Total.
1948	11	50	7	57
1949	69	57	50	107
1950	147	136	182	318
1951	195	99	275	374
1952	277	106	301	407
1953	285	118	386	504
1954	320	47	342	389
1955	400	72	444	516
1956	398	83	544	627

The latest survey undertaken showed that of 521 current cases, 267 had received continuous service for periods exceeding three months. Of these long term patients, 216 could be regarded as aged and infirm, and 139 over the age of 70 were living alone. The provision of home help for such persons almost invariably means indefinite continuation of the service but thereby admission to hospital or welfare home is often made unnecessary or at any rate delayed.

Persons in receipt of old age pensions without any additional means, those with old age and supplementary pensions, or in receipt of National Assistance, are not expected to make contributions.

### NIGHT ATTENDANT SERVICE

Towards the end of 1956 a scheme for the provision of a night attendant service for the sick in their own homes was formulated, with the principal object of enabling the aged and infirm to remain in their own homes as long as possible. The scheme will provide two services in 1957; one is a night service from 10 p.m. to 7 a.m. for those who are ill and live alone or with someone who is unable to care for them, and the other an evening service under which the attendant calls during the evening to prepare a meal or hot drink and help the patient to make ready for bed.

[\*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]



N.H.S. ACT., SECTIONS 21—26, 28 AND 29. SWINDON.

## *Report of the Area Medical Officer*

I have pleasure in submitting the report of the Area Medical Officer for the year 1956.

This report deals with the services provided under Part III of the National Health Service Act, 1946, which have been delegated to the Swindon Area Sub-Committee. During the year the expansion of Swindon under the Town Development Act 1952 continued apace and some 100 new council houses per month were completed and occupied. At Penhill the building of the estate is almost completed and at the 31st December 1956 a total of 1,983 houses were occupied.

In the Walcot area building progressed rapidly and during the year 1,159 houses were completed and at 31st December 1956 a total of 1,261 houses were occupied of which 833 housed overspill families.

It will be readily appreciated therefore, that the rapid increase in population has brought with it many problems for the Health Department and has necessitated increased provision for Part III Services.

During the year the lack of suitable and adequate clinic premises in both Penhill and Walcot estates gave particular concern. At Penhill the old farmhouse in which clinics are temporarily accommodated continued to be unsatisfactory both from the point of view of adequacy and siting. An additional child welfare clinic session was started on the 10th April 1956, and the services of a part-time medical officer were recruited to cover this session.

The building of the neighbourhood community building and branch library at Penhill have been approved but the wing of this building in which to hold clinics has not been approved. This is most regrettable as in my opinion a clinic is as urgent, if not more urgent a necessity than these other amenities.

On Walcot estate provision was made in the 1956 estimates for the building of clinic premises, and the County Council gave priority for this project over the provision of an urgently needed occupation centre for defective children in Swindon. Again Ministerial approval to this project was not given and a deputation from the Local Health Authority met the Minister of Health in December 1956 to press the necessity for clinic accommodation for this large and rapidly growing community.

So far it has been impossible to find any temporary clinic accommodation on or within easy reach of this estate so it is sincerely hoped the Minister will, as a result of the facts placed before him by the deputation, see fit to grant early approval for this project.

The increases in staff approved by the Local Health Authority have enabled this department to cope fairly adequately with the services necessitated by the increasing population but it is already obvious that further personnel will be required to maintain these services next year.

### CARE OF OLD PEOPLE

A review of the services provided for the domiciliary care of old people was given in previous reports. Generally speaking there was little change in these provisions during the year but the services have continued to develop as the need arises. There has been most helpful co-operation between the Old People's Welfare Committee and other voluntary associations with the Local Health Authority and Hospital Services concerned with the care of old people.

During the year, a Night Attendant Service for old people was initiated by the Old People's Welfare Committee. The intention of the service is to provide occasional night attendants for old people to allow their relatives to have the evening off or to allow them to have a full night's rest. A number of suitable persons both male and female were recruited who were willing to carry out these duties, a nominal sum of 10/- per night being paid to them and charged to the recipient. The Old People's Welfare Committee agreed to subsidise this service in certain cases where the cost would embarrass the households receiving it. Contrary to expectation there has been no



demand for this service. A similar service for evening and night attendants is being proposed by the Local Health Authority and when it comes into effect one can assume it will amalgamate with, or supplement, the voluntary scheme. So far little publicity has been given to the night attendant service and no doubt the time has now come to publicise it as probably most of the demands made on it could be met.

The health visitors continue regular home visiting of all old people who call on us for help. These visits are reported to be welcomed by the old people and during them the health visitor is able to help in many ways and to bring to our notice other needs which could be met through voluntary or statutory services. In this respect the health visitors have had instruction from Dr. J. B. Stewart, the Consultant in Physical Medicine, on simple exercises which help to keep old people fit and mobile and these are demonstrated to suitable cases by the health visitors. Again suitable cases can be referred by the health visitors to the Department of Physical Medicine for special exercises or for training in the special hospital department for rehabilitation. Special apparatus for helping the disabled in their household tasks has been demonstrated to the health visitors who pass on requests for such apparatus to the appropriate authority.

It is regretted that one of the most pressing needs for old people, namely a chiropody service, cannot yet be supplied through the National Health Service. In Swindon the Old People's Welfare Committee still provide a domiciliary service for those most in need of it.

Laundry service at reduced cost for old people is still provided through the generosity of a local commercial laundry. Cases continued to be recommended for this service through the health visitors and during the year the service covered an average of 40 cases. In addition the laundry needs of the more active are met by the "Launderettes" which afford them special concessionary rates.

The W.V.S. are in the process of developing new kitchen premises and when completed early next year they hope to provide a much extended "meals on wheels" service. At present they provide one meal a week at a cost of 1/- per head and during the year 750 of such meals were served.

During the year the problem of rehousing old people under the Slum Clearance Act did not present any major problem. Those who had to be rehoused were happy to move from their condemned houses to the new accommodation provided. In the coming year a number of specially built old people's houses will be available at Walcot and Penhill estates.

In one instance I am happy to record that through co-operation between the housing authority, the welfare and hospital authorities, a lady who has been confined to a wheel chair for some 30 years was rehoused from her condemned cottage to a house specially adapted to her needs.

#### CARE OF PREMATURE INFANTS

Number of premature babies born:—

		1955	1956
(i)	At home ... ..	24	32
(ii)	In hospital or nursing home ... ..	67	86
Number who died during the first 24 hours:—			
(i)	Born at home ... ..	1	—
(ii)	Born in hospital or nursing home ... ..	7	1
Number who survived at end of one month:—			
(i)	Born at home ... ..	23	26
(ii)	Born in hospital or nursing home ... ..	57	72



## WELFARE FOODS AND THE SUPPLY OF PROPRIETARY DRIED MILKS ETC.

Welfare foods are distributed at all child welfare clinics and at the Health Centre. The clinic at Eastcott Hill is open each day for this purpose and distribution at the other clinics only takes place during the child welfare clinic sessions. Proprietary dried milks and other nutrients are also available for sale at the clinics but only welfare foods are distributed at the Health Centre. The extent of this work can be judged by the following table.

<i>Welfare Foods.</i>	<i>Health Centre Issues.</i>	<i>Clinic Issues.</i>
National Dried Milk ...	33,727 tins (35,015)	25,992 tins (21,419)
Cod Liver Oil ...	4,030 bottles (4,429)	4,927 bottles (4,472)
Vitamin Tablets ...	2,591 packets (2,575)	1,891 packets (1,528)
Orange Juice ...	34,047 bottles (31,928)	29,896 bottles (23,467)

Figures for 1955 are shown in brackets.

*Proprietary Dried Milks etc.*

8,068 sales realising £1,042 10s. 11d.  
In 1955 5,978 sales realising £765 15s. 7½d.

## DENTAL CARE

At the beginning of 1956, Swindon had the whole time services of one dental officer, Mr. A. V. Yates, and three sessions of one of the Assistant County Dental Officers. On the 6th February, 1956, we recruited the whole time services of Mr. J. M. Hanley.

This comparatively happy state of affairs did not continue long as Mr. Yates resigned on the 30th June, 1956. We were, however, fortunate to secure the part-time services of Mrs. E. M. Clarke for six sessions per week.

Repeated advertisements for dental officers failed to secure any whole time recruits. With the dental personnel in employment it has been impossible to run anything but an emergency service.

From the numerous applications received for dental treatment from parents who have failed to secure appointments with general dental practitioners it is obvious that the town as a whole has too few dentists to cope with the needs of the population. Prospects for the Local Authority Dental Service are not good as generally speaking throughout the country there are too few students taking up dentistry to maintain dental personnel at the present level.

The following summarises the dental treatment afforded by the priority dental services to expectant and nursing mothers and to children under school age.

	<i>Examined.</i>	<i>Treated.</i>
Expectant and Nursing Mothers	81	58
Children under school age ...	236	217

## HEALTH VISITORS

Since the Borough Council made housing available for health visitors we have been able to recruit personnel and for most of the year we were only one short of establishment.

With this staff we were able to maintain health visiting up to a reasonably high level. However, the rapid expansion of the town and the influx of families with young children necessitating the establishment of additional child welfare sessions and additional home visiting made it clear that the present establishment of health visitors will have to be increased year by year as town expansion goes on.

The health visitors act for half of their time as school nurses so in fact, although the total establishment is 9 health visitors, only 4½ is the number available for maternity and child welfare services.



This establishment is still much below that recommended in the Report of a Working Party on Health Visiting published during the year. In fact the establishment recommended there would mean that Swindon should have 17 full time health visitors. I think it is true to say that unless many more recruits are obtained for this service the establishment recommended cannot be achieved.

During the year all the health visitors have been trained by Dr. J. B. Stewart, Consultant in Physical Medicine, in simple remedial exercises which they teach to those who would benefit from them.

During the year the orthopaedic and accident hospital has been sending to the Health Department lists of all the home accidents which have had treatment there. All these cases are visited by the health visitors to enquire into the circumstances of the accident and to advise on the prevention of future accidents.

It would appear that almost all accidents to young children especially burns and scalds could be prevented if the elementary precautions advocated by the various publicity matter on Home Accidents Prevention had been attended to. The absence of fireguards in homes with young children is all too frequent until an accident occurs. In the council houses the construction of the fireplaces is such that the householder has difficulty in providing fixtures to hold fireguards. Many such cases were reported by the health visitors and the Borough Architect's Department supplied and fitted the necessary fixtures.

It would appear too that several scalding accidents were caused through children knocking into paraffin heaters which have hot plates on top. Many such heaters have too small a base and as they stand free in a room are a considerable menace especially to children and old people.

#### MIDWIFERY

Eight midwives, seven of whom were approved as teachers of pupil midwives, were employed during the year. In all, 21 pupil midwives received training during the year, the pupils coming from the Swindon Maternity Hospital and Bradford-on-Avon Maternity Hospital.

During the year there were no domiciliary midwives in private practice in Swindon.

Domiciliary midwives hold booking clinics as follows:—

81 Bath Road—2nd and 4th Wednesdays in the month at 6 p.m.

Pinehurst Clinic—1st and 3rd Thursdays in the month at 2 p.m.

Penhill Farmhouse—1st and 3rd Tuesdays in the month at 2 p.m.

In addition they attend the Local Health Authority ante-natal clinics at Pinehurst on Mondays and Fridays and one midwife attends the ante-natal clinics of two practitioners on Walcot estate.



All expectant mothers applying for admission for confinement to the Maternity Hospital on social grounds continue to be investigated by the health visitors. As a result of these investigations the Area Medical Officer makes his recommendations to the Consultant Obstetrician. The close and happy co-operation between the hospital and domiciliary midwifery service in all matters is most gratifying.

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases					
	Doctor not booked.		Doctor booked.		Totals	Cases in Institutions.
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked doctor or another).	Doctor not present at time of delivery of child.		
(a) Midwives employed by the Authority ... ..	—	—	95	600	695	—
(b) Midwives employed by voluntary organisations:—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 ... ..	—	—	—	—	—	—
(ii) Otherwise (ncluding hospitals not transferred to the Minister under the National Health Service Act) ... ..	—	—	—	—	—	—
(c) Midwives employed by hospital management committees or Boards of Governors under the National Health Service Act ...	—	—	—	—	—	877
(d) Midwives in private practice (including midwives employed in nursing homes) ... ..	—	—	—	—	—	127

During 1956 there was a total of 695 domiciliary confinements as compared with 532 during 1955. It is anticipated that with the continuing expansion of the town the number will be exceeded during the coming year and will necessitate an increase in the number of midwives employed by the Local Health Authority.

#### ADMINISTRATION OF GAS AND AIR ANALGESIA

All the midwives employed by the Local Health Authority are qualified to administer gas and air analgesia. Last year six midwives were issued with trilene apparatus and during the present year the issue of this apparatus to all midwives was completed. No difficulties have been experienced with the trilene analgesia and it has proved most popular with midwives and patients. The apparatus for analgesia is demonstrated to all expectant mothers so that when the time of confinement comes they are familiar with it and have no anxiety over its use.

The use of trilene is largely replacing gas and air analgesia as evidenced by the following table:—

				<i>Acting as midwives</i>	<i>Acting as maternity nurses</i>
Gas and air	...	...	...	82	12
Trilene	...	...	...	428	62
Total	...	...	...	510	74

From the table on page 31 it will be seen that domiciliary midwives attended a total of 695 cases during the year and of this total 584 cases received either gas and air or trilene analgesia.

### MIDWIVES ACT, 1951

In accordance with the Midwives Act, 1951, medical aid was summoned in 183 instances during the year.

### HEALTH VISITING

Number of visits paid by Health Visitors (figures for 1955 in brackets):—

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.	Other Classes.
First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.
324 (313)	345 (322)	1,403 (1,110)	3,405 (2,238)	3,052 (1,665)	1,241 (1,134)

Number of live births to Swindon resident during the year	...	1354
Number of stillbirths to Swindon residents during the year	...	31

Included in "Other Classes" in this table are nine visits to cases of infectious diseases and 330 visits to cases of tuberculosis.

During the year the health visitors paid 345 visits to expectant mothers to investigate their home circumstances.

### VACCINATION AND IMMUNISATION

As from January 1st, 1956, the use of combined whooping cough and diphtheria antigen was introduced and this has proved most popular with parents. This antigen is given in three separate injections at monthly intervals as compared with five injections where diphtheria and whooping cough antigens are given separately.

As in 1955 advantage was taken of the facilities afforded by the Ministry of Health for publicity for immunisation by way of cinema slides, newspaper advertisements and pamphlets.

Immunisation and vaccination are offered to parents at all Infant Welfare clinics and in addition separate sessions for immunisation alone are held at Pinehurst and Eastcott Hill clinics.

The tables given below summarise the vaccination and immunisation during the year:—

### VACCINATION

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total.
Primary Vaccination ... ..	455	78	31	26	590
Re-Vaccination ... ..	—	6	14	121	141
TOTALS ... ..	455	84	45	147	731



## IMMUNISATION

	<i>Local Health Authority</i>	<i>General Practitioner</i>
<i>Diphtheria alone:</i>		
Number of children who have completed course ...	244	76
Number of children given boosters ... ..	382	83
<i>Whooping cough alone:</i>		
Number of children who have completed course ...	12	—
<i>Diphtheria and Whooping cough combined:</i>		
Number of children who have completed course ...	381	381

## B.C.G. VACCINATION.

The scheme for administering B.C.G. vaccination against Tuberculosis to 13 year old school children started in April, 1955, was continued during the year.

The response to this scheme during 1956 was much less than in 1955 and of a total of 960 children eligible for vaccination consents to the procedure were obtained in respect of 540 of them representing 56% response as compared with 73% in 1955.

It is difficult to understand why this fall off in consents occurred as the same efforts were made to "put over" B.C.G. vaccination this year as last year.

It may well be that the publicity given to the initial scheme in 1955 in the National Press was responsible for the interest taken in it then. Plans have been made to intensify the local propaganda next year in the hope of achieving a much higher rate of consent to the procedure.

As in 1955, all children for whom consent was received were given an initial Heaf Test and, if negative reactors, B.C.G. was administered and six weeks later a repeat Heaf Test was carried out to see if the vaccination was successful in converting them to positive reactors. Statistics show:

Number of children given initial tuberculin test ...	537	
„ „ positive reactors ... ..	125	23.3 %
„ „ negative reactors ... ..	412	
„ „ children vaccinated ... ..	412	76.7 %

## POLIOMYELITIS VACCINATION.

A scheme for the vaccination of children against poliomyelitis was introduced by the Ministry of Health on the 19th January, 1956. Simply, the scheme involved the registration of children for whom consent was given in the age groups born 1947 to 1954.

When supplies of vaccine became available the Ministry of Health specified which children were to be inoculated and initial supplies of vaccine were very limited and only permitted of 185 children out of a total of 1,380 registered to be vaccinated.

As is well known, very wide publicity was given to this scheme in the National Press, B.B.C., etc., much of it severely critical or adverse, and this probably accounts for the low acceptance rate. In Swindon, consents to vaccination were received from 1,380 out of an estimated total of 4,000 children in these age groups.

All children registered for vaccination who were not immunised in 1956 will be given priority for vaccination when new supplies of vaccine become available.

## TABLE OF ACCEPTANCES.

	Children born in—								
	1947	1948	1949	1950	1951	1952	1953	1954	
TOTALS ... ..	253	209	202	166	159	135	149	108	



Among the children immunised there were no reports of any adverse effects and it would appear that the general public is now very much in favour of poliomyelitis vaccination and numerous requests are made to this department for children to be registered. It is, however, not possible to accept these applications until all the registered children have been vaccinated.

### PREVENTION, CARE AND AFTER CARE

The scheme for prevention, care and after care in Swindon is similar to that for the county as a whole.

During the year convalescent or recuperative holidays were provided for 13 as compared with 9 in 1955.

Other provisions under this heading are referred to in other parts of the report.

### DOMESTIC HELP SERVICE

A summary of the work of the domestic help service during the year is given below:—

Number of domestic helps on books at the end of the year ...	56
Number of householders helped during the year:—	
(a) Maternity cases ... ..	122
(b) Other cases ... ..	283
Number of hours of assistance provided during the year:—	
(a) Maternity cases ... ..	9,701
(b) Other cases ... ..	61,747
Total ...	71,448
Number of cases in which full fee was not charged ... ..	386
Number of hours lost during year through sickness ... ..	9,585

At the commencement of the financial year our establishment of helps was increased by the equivalent of six. During the year we were able to supply some domestic help to every necessitous case recommended for it. There was an appreciable increase in the number of maternity cases covered and this was mainly due to the influx of population on the Walcot Estate.

A Domestic Help Supervisor was appointed in April of this year and she has maintained an overall supervision of the staff and at the same time allocated assistance to cases in accordance with need and availability of labour. The Council's wisdom in making this appointment is borne out by the increase in hours of work obtained from roughly the same number of staff in comparison with 1955. (71,448 hours in 1956; 57,410 hours in 1955.)

Again there was a considerable amount of time lost by personnel due to sickness. Over the year this amounted to approximately 12½% of the potential hours of service of the staff employed.

The scheme for assisting problem families continued, the help given to the two problem families which commenced in November, 1955, was terminated during this year by the refusal of the mothers concerned to have any further help. Help was commenced with two more families during the latter part of this year.

### HEALTH CENTRE

#### DENTAL DEPARTMENT.

Dental Surgeons	2	Dental Receptionists	1
Dental Technicians	2	Dental Attendants	2

During the year there were 9,250 attendances for treatment and the following work was carried out:—

Scalings and Gum Treatments.	Fillings.		Extractions.	X-rays.	Dentures.	
	Amalgams.	Plastic.			Repairs.	Manufactured
363	2008	191	3415	591	903	731



## PHARMACY.

The Pharmacy dealt with 117,341 prescriptions during the year.

## CARE OF EXPECTANT AND NURSING MOTHERS

## ANTE AND POST NATAL CLINICS.

Clinics at which a doctor is in attendance are held weekly as follows:—

Beech Avenue	Mondays to Fridays	1.30 to 4 p.m.		
Bath Road	Mondays	1.30 to 4 p.m.		
			1955	1956
Number of women who attended these clinics during the				
period	...	...	592	557
Number of attendances made during the period			2,863	2,633

## INFANT WELFARE CLINICS

Reference has been made in the preamble to this report to the inadequacy of the clinic accommodation at Penhill and to the total lack of clinics on the Walcot Estate.

On the 10th April, 1956, an additional weekly clinic session was held at Penhill Farmhouse and on the 17th December, 1956, a doctor employed part-time covered the Rodbourne Cheney and Gorse Hill infant welfare clinics.

The table given below gives the list of clinics held and the attendances. As compared with 1955 there was an increase of 925 in the number of consultations with the doctors and an increase of 2,310 in total attendances.

Centre.	Day and Time, 2—4 p.m.	Number of Consultations with Doctor.	Number of Attendances.
61, Eastcott Hill ... ..	Wednesdays and Fridays ..	1,574	3,329
Beech Avenue, Pinehurst ... ..	Tuesday ... ..	760	2,354
Gorse Hill ... ..	Wednesday ... ..	12	2,223
Rodbourne Cheney ... ..	Monday ... ..	12	1,384
Bath Road ... ..	Friday ... ..	605	2,723
Penhill ... ..	Tuesdays and Thursdays ...	1,346	3,349

## DAY NURSERY

The Gorse Hill Community Centre continues to house the only day nursery in Swindon.

During the year the numbers of children attending the nursery continued to fall and at the end of the year the number of children on the register was 15 as compared with 18 at the end of last year.

The cost to the parents of maintaining children in the nursery remained high—the maximum being £2 5s. 0d. per week. Many who applied for admission for their children did not place them there on hearing the assessed charge to them. The cost of running the nursery does not fall proportionately with the number of children in attendance—on the contrary the cost per child rises as the cost of the premises remains the same and staff cannot be reduced below the standards laid down. A small nursery such as this then becomes a most uneconomical project.

If the number of children attending the nursery continues to fall then serious consideration will have to be given to its future.

The nursery premises themselves are most uncongenial and little can be done to improve them. If owing to the influx of population and higher employment of women the demand for day nursery places increases then the provision of more suitable premises will have to be considered.

	Number of Nurseries.	Number of Approved Places.	Number of Children on the register at the end of the year.		Average Daily Attendance.	
		0—5	0—2	2—5	0—2	2—5
Nurseries maintained by the Council ...	1	25	3	12	2	9

### FAMILY PLANNING ASSOCIATION

The Family Planning Association continues to hold clinics at Eastcott Hill clinic weekly.

### TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS

13 children were referred to the Orthopaedic clinic

17 cases attended the Surgeons' sessions and made 75 attendances

7 cases attended the Sisters' sessions and made 27 attendances

78 children were seen by the Ophthalmologist, making 111 attendances

21 cases attended the Premature Baby Eye Clinic and made 60 attendances from January to April, 1956.

### HOME NURSING

#### DETAILS OF WORK CARRIED OUT BY HOME NURSES

	No. of Cases
Respiratory diseases (excluding tuberculosis) ... ..	216
Digestive diseases ... ..	108
Heart and Arteries ... ..	126
Veins and other circulatory diseases ... ..	21
Genito-urinary ... ..	55
Skin ... ..	153
Ear, Eye and other sense organs ... ..	47
Cancer (and other neoplasms) ... ..	27
Cerebral lesions of vascular origin ... ..	29
Infectious and parasitic diseases ... ..	181
Diabetes ... ..	32
Injuries ... ..	25
Tuberculosis ... ..	19
Bones and organs of movement (mainly rheumatism) ...	33
Pregnancy ... ..	44
Mental and other nervous diseases ... ..	3
Other diseases or ill defined ... ..	405
Preparation for x-ray examination ... ..	64

Total number of cases ... .. 1,588  
in respect of which a total of 24,408 visits were made.



## PROVISION OF NURSING EQUIPMENT AND APPARATUS

The Medical Loan Depot housed at the Health Centre continues to have regular demands made on it for nursing equipment and apparatus.

A summary of the equipment issued and the stocks held is given below:—

			<i>New Issues on Payment</i>	<i>New Issues on Free Loan</i>	<i>Stock at 31/12/56</i>	<i>Additions and Renewals</i>
Invalid chairs	...	...	37	—	40	6
Air Rings	...	...	86	—	33	—
Waterproof sheets	...	...	448	2	106	12
Bed Pans	...	...	483	1	102	18
Bed Rests	...	...	60	3	33	6
Bed Slippers	...	...	10	—	8	—
Crutches (pairs)	...	...	11	3½	32	—
Urinals	...	...	46	—	21	6
Air Beds	...	...	3	—	7	—
Bed Cradles	...	...	17	1	13	3
Bed Tables	...	...	3	1	5	—
Mattresses	...	...	1	—	2	—
Inhalers	...	...	—	—	1	—
Walking Sticks	...	...	3	—	3	—
Feeding Cups	...	...	4	—	19	—
Diet Spring Balances	...	...	—	1	3	—
Electric Blankets	...	...	—	—	1	—
Steam Kettles	...	...	2	—	1	1
Hot Water Bottles	...	...	1	—	19	—
Commodes	...	...	1	—	1	1

			£	s.	d.
Hire payments received on appliances during the year ended 31/12/55	.....	78	0	10	
Hire payments received on appliances during the year ended 31/12/56	...	82	16	11	

JAMES URQUHART

# Mental Health Services

## (1) ADMINISTRATION.

### (a) STAFF.

The medical officers have carried out numerous examinations, including the initial ascertainment of mental defectives and the completion of application forms for vacancies in mental deficiency hospitals, medical certificates required when patients' orders are due for reconsideration and annual reports on mental defectives under guardianship.

Appendix C shows the mental health officers and the areas for which they are responsible.

If the officer or deputy of a particular area is not available, contact is made with the officer in the adjoining area and there is little delay in visiting persons of unsound mind. During evenings, week-ends and holidays a mental health officer is available in the Salisbury and Swindon districts, whilst the Trowbridge-Devizes, etc., and Chippenham, etc., areas are combined—a rota of officers on duty being given to the Superintendent of the Bradford on Avon Ambulance Station, to whom all initial enquiries should be made. This means that a doctor wishing to arrange the urgent admission of a patient to a mental hospital has no difficulty in contacting a mental health officer and prompt action can be taken at any time. The police are always helpful and ready to assist with difficult patients.

The Mental Health Supervising Officer and the mental health officers are all duly authorised to take proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts. Six of these officers have been to courses on mental health, and all have had previous experience as relieving officer, clerk in mental health work or at an occupation centre, except one of the deputy mental health officers, who has had experience in social work.

The staff of the four occupation Centres for mental defectives are also given at Appendix C.

### (b) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS.

During the year 208 patients residing within the Wiltshire catchment area of the Old Manor Hospital, Salisbury, were admitted to that hospital and 701 patients from other parts of the County to Roundway Hospital, Devizes.

During the year the catchment area of the Old Manor Hospital was increased to include part of Hampshire and as will be seen from the following table, admissions under Section 20 from this area and the County Borough of Bournemouth increase the work of the mental health officers for the Salisbury area. Of the 73 out-county admissions, 4 died and 16 were discharged.

OUT-COUNTY CASES NOT INCLUDED IN THE SUMMARY OF CASES DEALT WITH BY MENTAL HEALTH OFFICERS.

	Certified.		Temporary		Voluntary.		Total.
	M.	F.	M.	F.	M.	F.	
Transferred to Park Prewett Hospital, Basingstoke ...	6	15	1	2	2	4	30
Transferred to Middlewood Hospital, Sheffield ...	1	—	—	—	—	—	1
Transferred to St. John's Hospital, Stone, Bucks. ...	—	1	—	—	—	—	1
Transferred to Herrison Hospital, Dorchester ...	—	1	—	—	—	—	1
Remained at the Old Manor Hospital ...	4	5	—	2	2	7	20
	11	22	1	4	4	11	53



Psychiatric out-patient clinics attended by the members of the staff of Roundway Hospital are held at Devizes, Swindon and Trowbridge, and similar clinics attended by the staff of the Knowle Mental Hospital Group are held at the Old Manor Hospital, Odstock Hospital and Salisbury General Infirmary.

Psychiatric social workers employed by the hospital management committees supervise patients on trial or boarded out from mental hospitals and give after-care to discharged patients on behalf of the local health authority. In December, 1954, it was decided to refer for after-care to the mental health officers for the Salisbury area a selected number of patients discharged from the Old Manor Hospital and during 1956 ten new patients were so referred and fifty-nine after-care visits made.

There is growing co-operation also with Pewsey Hospital in the care of mental defectives. Psychiatric social workers from the hospital make enquiries before defectives are placed on prolonged licence. Some of these patients are thereafter visited by the mental health officers, who also make periodic reports on patients resident in this county who are on licence from other mental deficiency hospitals. They have also made many reports on the home conditions of defectives in institutions:—

- (1) when holidays or prolonged licence are being considered,
- (2) in respect of applications for the discharge of patients' orders under the Mental Deficiency Acts, and
- (3) When the renewal of orders is due for consideration by the Visitors under Section 11 of the Mental Deficiency Act, 1913.

(c) VOLUNTARY VISITORS.

Reports on a number of mental defectives under supervision have been received at half-yearly intervals from 25 voluntary visitors who acted for the Wiltshire Voluntary Association for Mental Welfare until the implementation of the National Health Service Act, 1946.

(d) TRAINING OF STAFF.

During the year, two of the mental health officers attended refresher courses and one of the Occupation Centre supervisors and one of the assistant supervisors commenced an "In-Service" Diploma Course for Teachers of the Mentally Handicapped (in occupation centres and mental deficiency hospitals or in their own homes) at Bristol in October. This course will continue for two years.

(2) WORK UNDERTAKEN IN THE COMMUNITY.

(a) SECTION 28—NATIONAL HEALTH SERVICE ACT, 1946.

Of the discharged service patients referred to the Local Health Authority in accordance with Ministry of Health Circular 146/48, three cases remain current and two new cases were reported during the year.

(b) LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

For the last five years the total number of cases dealt with by the duly authorised mental health officers was:—

1952	1953	1954	1955	1956
361	481	552	613	639

There was no increase in staff during this period.

The following is a summary of cases dealt with during 1956:—

Area	Certified			Temporary			Voluntary			Section 20 and Urgency Orders			Totals		Grand Totals.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
Trowbridge, Devizes, etc., Warminster.	9	10	19	—	—	—	17	33	50	22	51	73	48	94	142
Salisbury	1	6	7	—	—	—	20	29	49	17	30	47	38	65	103
Swindon	8	3	11	—	—	—	83	126	209	32	29	61	123	158	281
Chippenham	2	2	4	—	—	—	11	23	34	17	20	37	30	45	75
AREA TOTALS	20	21	41	—	—	—	131	211	342	88	130	218	239	362	601
Certified at Roundway Hospital	11	3	14										11	3	14
Certified at The Old Manor Hospital	5	11	16										5	11	16
Made Temporary Patients at the Old Manor Hospital				3	5	8							3	5	8
GRAND TOTALS	36	35	71	3	5	8	131	211	342	88	130	218	258	381	639

Of the 218 cases admitted under Section 20, 170 were extended under Section 21a.

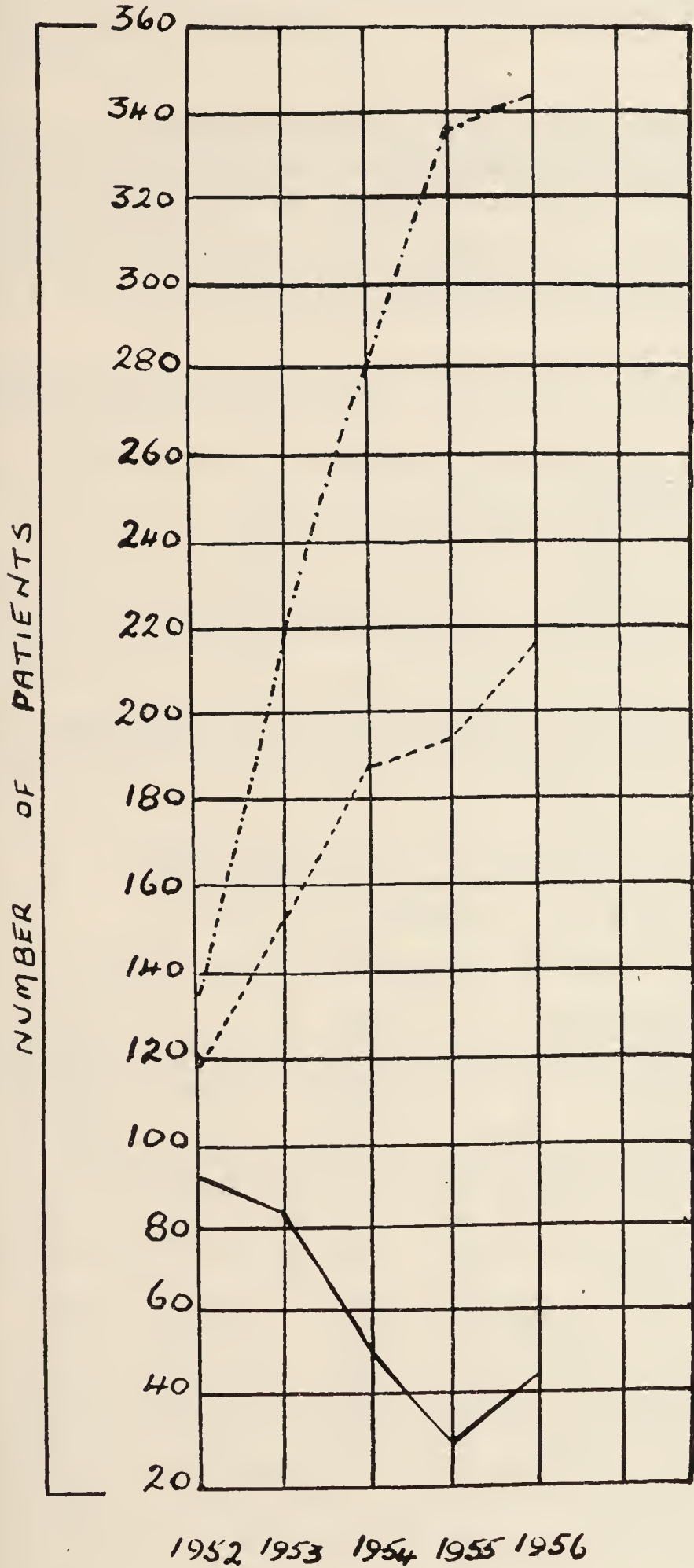
The following is a summary of the further disposal of patients admitted to Hospital under Section 20 or on urgency order:—

	M.	F.	T.	Percentage.
Certified ... ..	12	12	24	11.01
Temporary patients ... ..	3	5	8	3.67
Voluntary patients ... ..	47	94	141	64.68
Discharged ... ..	13	12	25	11.47
Died ... ..	13	7	20	9.17
	<u>88</u>	<u>130</u>	<u>218</u>	



The following Graph (A) shows the types of hospital admission arranged by the mental health officers over the past five years. The next Graph (B) shows Section 20 patients during the last five years who were subsequently certified or became voluntary patients:—

GRAPH A

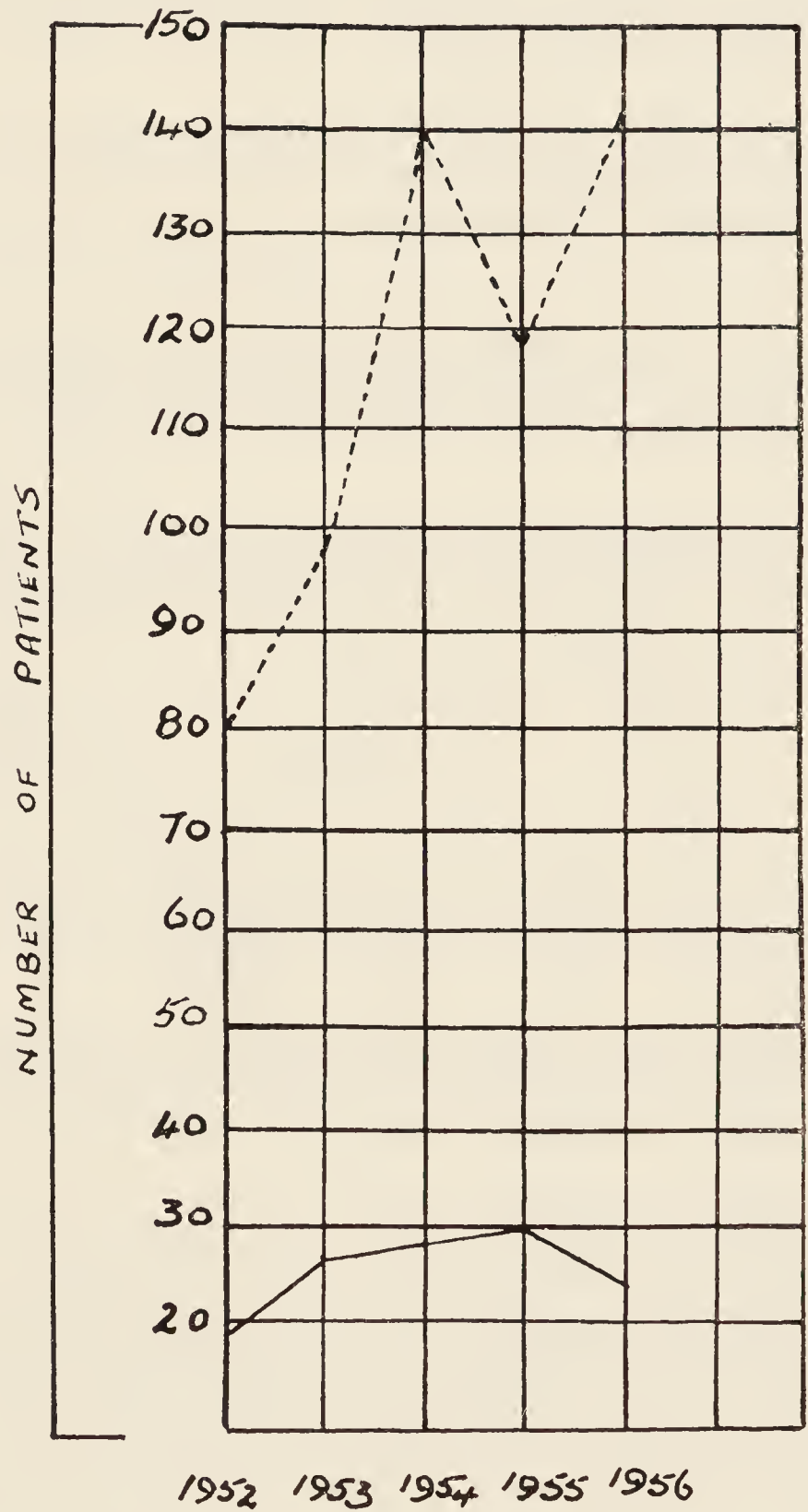


CERTIFIED

SECTION 20

VOLUNTARY

GRAPH "B"

SECTION 20 PATIENTS  
CERTIFIED

SECTION 20 PATIENTS

BECOMING VOLUNTARY

## TRANSFERS.

The following is a summary of the patients transferred by mental health officers:—

	M.	F.	T.
From private mental hospitals to health service mental hospitals ...	1	1	2
From health service mental hospitals to health service mental hospitals ...	4	12	16
	5	13	18

During the year 22 relatives of service personnel and civilian Government employees serving overseas were evacuated by air to this country suffering from mental illness. All were admitted to Roundway Hospital, either direct from Lyneham Aerodrome or from the R.A.F. Hospital, Wroughton; nine were subsequently transferred to hospitals near their homes (one as a certified patient, seven as voluntary patients and one on urgency order), 13 who became voluntary patients were subsequently discharged.

As stated previously, a 24-hour service is provided for the whole County by the mental health officers and their deputies. The following table shows the ratio between cases dealt with during and after normal office hours:—

	During office hours	After office hours.	Total.
Admitted to hospital ... ..	429	190	619
Other visits paid (including after care)	790	82	872
	1,219	272	1,491

A comparison is made in the following table of the incidence of admissions to hospitals in relation to population over the past five years.

Year	Population	Certified		Section 20 and Urgency orders		Voluntary		Total.	Incidence per 1,000 of population
		Number	Incidence per 1,000 of population.	Number	Incidence per 1,000 of population	Number	Incidence per 1,000 of population.		
1952	388,500	89	.229	116	.298	484	1.246	689	1.773
1953	390,700	85	.218	148	.378	442	1.131	675	1.727
1954	394,800	49	.124	186	.471	559	1.415	794	2.010
1955	397,500	30	.075	191	.48	626	1.575	847	2.130
1956	402,800	41	.102	218	.541	664	1.647	923	2.290



## (c) MENTAL DEFICIENCY ACTS, 1913-1938.

## (1) ASCERTAINMENT.

During the year 176 new patients were reported. Of these 89 were regarded as not "subject to be dealt with" and placed under friendly supervision, and action in respect of 21 was incomplete at the end of the year. The remaining 66 found "subject to be dealt with" were in the following groups:—

	M.	F.	Total.
Notified under the Education Act, 1944.			
Section 57 (3)—Incapable of receiving education at school ...	10	12	22
Section 57 (5)—Requiring supervision on leaving			
Special Schools ...	3	5	8
Ordinary Schools ...	8	2	10
Reported from Other sources: ...	12	14	26
(a) Transferred from other counties, 11.			
(b) Representation from parent or guardian, 15			
Totals ...	33	33	66

Of the above, 6 cases were notified under Section 57 (3) and three under Section 57 (5) of the Education Act, 1944, by the Borough of Swindon Excepted District.

Thirty-three persons were admitted to mental deficiency hospitals during the year, 15 at the instance of their parents under Section 3 of the principal Act, two by the Courts under Section 8 (1) b) of the Act, and six petitions were presented in accordance with Section 6: nine were admitted by varying order from guardianship and one Section 9 case.

The following is a summary of Wiltshire patients detained in mental deficiency hospitals, on licence therefrom or who were awaiting admission at the end of the year:—

	M.	F.	Total.
Detained in Hospitals (excluding those on licence) ...	359	341	700
On licence from hospitals ...	24	37	61
Awaiting vacancies ...	24	23	47

Of those awaiting admission 27 were regarded as urgent.

When necessary, petitions are presented on behalf of other Authorities in respect of mental defectives admitted to Pewsey Hospital in the first instance as in a "place of safety." Six such cases were dealt with during the year.

Of the patients detained in mental deficiency hospitals, 13 died during the year. Of the 60 who were discharged, 45 were placed under friendly supervision, one under statutory supervision, one was in a mental hospital, 11 went to other counties, and varying orders were obtained in respect of three patients transferring them to guardianship.

With regard to mental defectives on licence from institutions, since the Board of Control Circular H.M. (56) 25 and enclosure issued in March, 1956, stating that they would normally expect that patients should be discharged after a trial on licence for twelve months at most unless there were overwhelming reasons to the contrary, the number of patients discharged has increased considerably. Thirty-two patients were discharged in 1955 and 60 in 1956. Whether this trial period is of sufficient duration to stabilise defectives on licence it is difficult to say, but during the first twelve months this authority has only had three who have proved to be difficult.

Twenty-five patients were admitted to mental deficiency hospitals during the year for temporary periods (under the provisions of Ministry of Health Circular 5/52), but three of these remained under Section 3 of the Act, and one died. This short-term care has continued to be of great value in an emergency such as illness of the mother, or where both parents are in need of a holiday or a rest from caring for the defective.



## (2) GUARDIANSHIP.

Information regarding patients under guardianship is set out in the following table:—

		Varying Orders						
Patients under Guardianship at 31/12/55	New Cases placed under Guardianship	Transferred to Guardianship from M.D. Hospitals.	Transferred to M.D. Hospitals from Guardianship	Transferred to new Guardian.	Discharged to Friendly Supervision.	Deaths.	Admitted temporarily on licence to M.D. Hospitals.	Patients under Guardianship at 31/12/56.
M F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
35 53 88	— 2 2	1 2 3	4 5 9	— 3 3	1 4 5	— 3 3	3 5 8	31 45 76

The eight patients were admitted temporarily on licence to mental deficiency hospitals mainly to help the guardian.

Regular visits have been paid to these defectives by the mental health officers and they have also been seen by the medical staff in accordance with Article 76 of the Mental Deficiency Regulations, 1948. Financial assistance has been provided for the majority of these patients by the National Assistance Board, although additional help has been given for some by the Local Health Authority making grants towards clothing.

## (3) SUPERVISION.

At the end of the year 536 patients were under statutory supervision. During the year 110 were subject to the biennial review instituted five years ago and, as a result of this review, nine were transferred to friendly supervision and three were removed completely from the supervision list. One other patient was transferred to friendly supervision and two removed from the list, although not actually due for review. Five patients died and 12 moved from the area. Three patients were admitted to mental hospitals, and three of the four cases admitted in 1955 are still there.

There were 332 patients under friendly supervision at the end of the year and during the year 17 were removed from supervision, one died and nine removed from the area. Three patients married during the year.

## (4) TRAINING.

At the end of the year 131 patients were attending the four occupation centres in the county.

The Centre at Chippenham is held daily at the Liberal Hall, Station Hill, from 9.30 a.m. to 3.30 p.m., and there were 11 males and 11 females on the register at the end of the year. Mrs. K. M. Marsh, the assistant supervisor, resigned in June and Miss C. Anderson was appointed to fill the vacancy and commenced her duties on the 10th September. Open days were held in March, June and December, and the annual outing in June was again enjoyed in the grounds of the Vicarage at Calne, by kind permission of the Rev. W. D. O'Hanlon. There was the usual Christmas party.

Swindon Centre continues at 81 Bath Road, and is open from 9.30 a.m. to 3.30 p.m. There were 17 males and 22 females on the register at the end of the year. The present accommodation remains most inadequate, with the waiting list steadily increasing, and will no doubt become more so as the population of Swindon grows. Negotiations for a site are still in progress so that a new centre can be built. The Swindon branches of the W.V.S. and Townswomen's Guild continue to take an active interest in this Centre. The W.V.S. provide escorts for the vehicles bringing the children to the centre and some of the members assist at the centre during emergencies and on special occasions. The annual outing to Weston-super-Mare took place in June and two Christmas parties were held in December, one given by the W.V.S.



The Centre at Salisbury is held daily at Exeter House, Exeter Street, from 9.30 a.m. to 3.30 p.m. There were 12 males and 22 females on the register at the end of the year and of these one female was resident outside the County. During the Easter holidays 12 of the senior children went to the London Zoo. The arrangements were made by the Supervisor. An outing was arranged to West Bay in June and open days and parents' days were held in July and December.

The Centre at Trowbridge is held at the Zion Baptist Chapel Schoolroom from 9.30 a.m. to 3.30 p.m., and there were 26 males and 10 females on the register at the end of the year. In April a part time meals assistant was appointed and has been of great assistance to the staff. An outing was arranged to Sandbanks in July and a Harvest Festival was held in September. An open day was held in December when about 50 parents and friends attended, and the Christmas party for the children was held at the end of the year.

At each centre milk is supplied to those under 16 years of age, in accordance with the milk in schools scheme. By arrangement with the school meals service, hot mid-day meals are provided at a cost of 10d. a meal, the balance being paid by the Local Health Authority. In certain cases of hardship defectives are provided with meals free or at half the normal rate.

Routine medical and dental inspections have been carried out at each centre.

The provision of transport continues to be one of the main problems in getting defectives into occupation centres.

#### (5) HOME TEACHING.

Miss C. Bannister has continued as a full time home teacher. Her centre is at Chippenham and 24 defectives are receiving weekly lessons. These include speech training, sense training, musical movement with the aid of gramophone records, handwork in the form of stool weaving, embroidery rug-making, etc. During the year, group training has been commenced at Corsham, Chippenham and Malmesbury, and is looked forward to by the defectives taking part.

In addition, one of the mental health officers at Swindon and the Deputy Mental Health Officer at Pewsey have continued to give home teaching to 10 defectives. This is not a particularly satisfactory arrangement, as often home teaching appointments have to be cancelled owing to the need to deal with urgent mental cases.

There are still a number of defectives in the community who, although suitable for attendance at an occupation centre or for home teaching, are not within reach of either.

# Tuberculosis

The County Council is responsible for prevention and after-care, and the three regional hospital boards covering the County for diagnosis and treatment.

## NOTIFICATIONS AND DEATHS.

The following table shows the number of primary notifications of pulmonary and non-pulmonary tuberculosis and the number of deaths from pulmonary and non-pulmonary tuberculosis from 1946 to 1956:—

Year.	Pulmonary Tuberculosis		Non Pulmonary Tuberculosis		Totals		Population.
	Notifications.	Deaths.	Notifications.	Deaths.	Notifications.	Deaths.	
1946	255	110	96	16	351	126	330,840
1947	281	102	92	19	373	121	334,500
1948	299	108	105	23	404	131	347,400
1949	315	91	111	12	426	103	350,600
1950	288	94	68	8	356	102	381,860
1951	316	68	87	10	403	78	392,400
1952	250	63	65	12	315	75	388,500
1953	329	41	49	10	378	51	390,700
1954	223	35	79	14	302	49	394,800
1955	212	31	38	1	250	32	397,500
1956	176	23	32	3	208	26	402,800

From 1950 the population figure includes both civilians and the members of the armed forces stationed in the area.

## NOTIFICATIONS.

The 1956 notifications are analysed in the following table:—

Age Periods.	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	TOTAL.
Pulmonary Males	—	—	2	2	3	1	9	19	25	22	22	7	1	113
Pulmonary Females	1	2	2	1	2	7	5	19	8	7	7	1	1	63
Non-Pulmonary Males	—	—	—	4	1	1	1	2	2	2	—	—	—	13
Non-Pulmonary Females	—	1	1	1	2	1	2	5	3	1	2	—	—	19
TOTALS	1	3	5	8	8	10	17	45	38	32	31	8	2	208



Most of the pulmonary cases continued to arise in the age groups 20-45 years, but there has been a marked increase in recent years in the number of cases occurring in the age groups 45-65, especially in males.

In 1956, as will be seen from the table of notifications, many more pulmonary male patients were notified than female, viz., 113 against 63, but fortunately the hospital bed accommodation has been sufficient to ensure early admission for both sexes. On the 31st December, 1956, there were seven men and three women awaiting sanatorium treatment almost all of whom were admitted early in January.

In addition to the primary notifications shown in the table, information of 104 other cases of tuberculosis was received, 100 being transfers from other areas and four non-notified cases discovered from the death returns received from the district registrars. Two of the non-notified cases died in hospital and in one of these the death was certified as due to other causes but on post-mortem active pulmonary tuberculosis was revealed. In all four cases special steps were taken to ensure, as far as possible, examination of all the contacts.

No outbreak of tuberculosis occurred through infected milk supplies.

#### DEATHS.

During 1956 there were 26 deaths from tuberculosis, 23 pulmonary and three non-pulmonary, compared with 32 deaths in 1955. The 26 deaths from tuberculosis occurred in the following age groups:—

Age Group.	Number of deaths from—		Total Deaths.
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	
15—25	—	1	1
25—45	6	—	6
45—65	10	1	11
65—75	6	1	7
75—	1	—	1
TOTALS	23	3	26

The corrected death rate from all forms of tuberculosis for 1956 was 0.064 per 1,000 of the population compared with 0.08 in 1955. The pulmonary death rate was 0.056 per 1,000 of the population and from non-pulmonary 0.008. It will be noted that the gradual fall in the death rate has been maintained during the year. The tuberculosis death rate in Wiltshire remained well below the national rate.

The provisional death rate for England and Wales from all forms of tuberculosis was 0.121 per 1,000 of the population compared with 0.146 in 1955.

#### NOTIFICATION AND DEATH RATES.

It will be noticed from the graph of notification and death rates in Wiltshire that during the past three years the notification rate for cases of pulmonary tuberculosis has dropped by almost half, i.e., from 0.83 in 1953 to 0.42 in 1956. Prior to 1953 the notification rate had not fallen to the same extent.

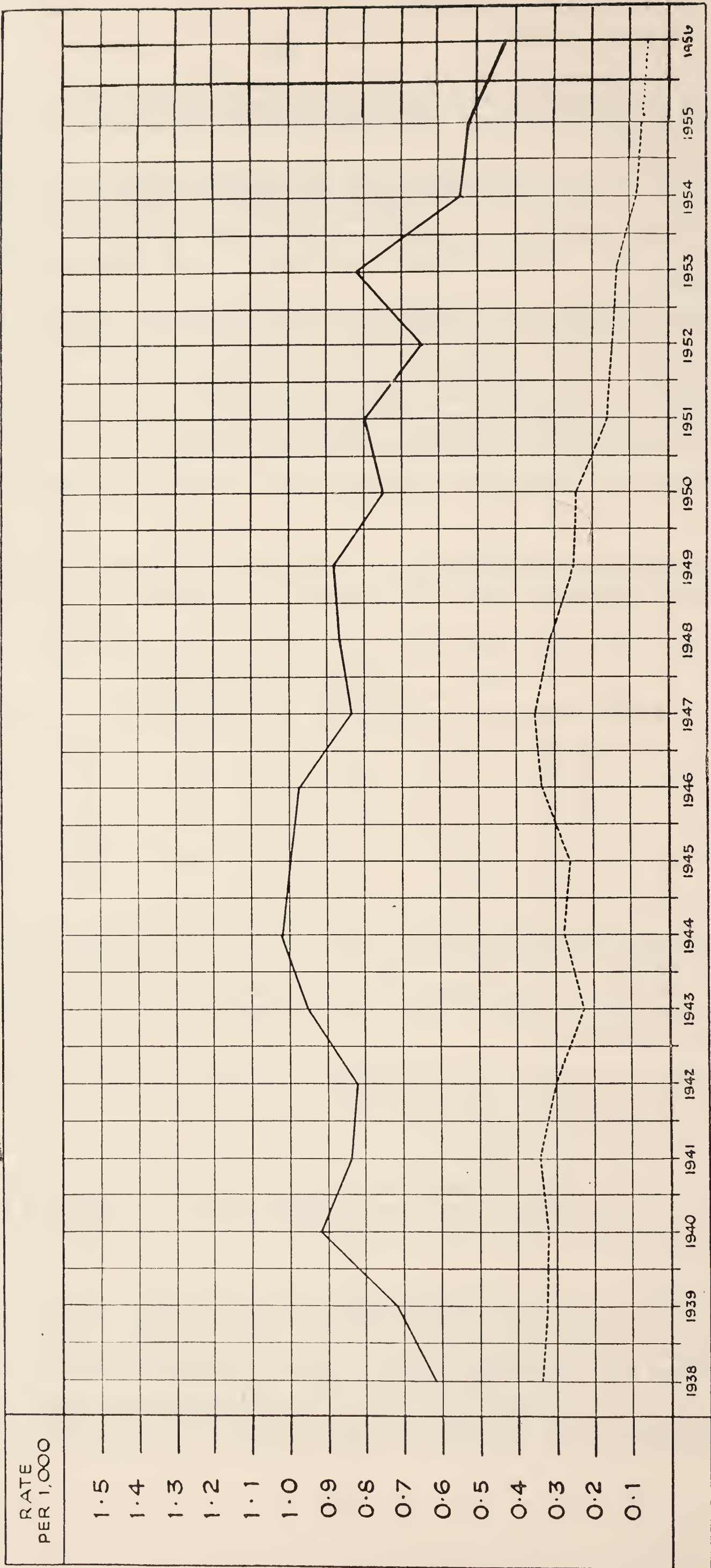
The notifications from non-pulmonary tuberculosis fell in 1956 to 32 as against 38 in the previous year, but these figures must be taken with some reserve as many cases of non-pulmonary tuberculosis are dealt with in general hospitals without reference to the chest physicians and it is to be feared that notification has not always been made where appropriate.

The graph shows that there was a slight fall in the death rate in 1956. The death rate, in fact, has fallen during the last 20 years by roughly one-fifth, i.e. from 0.35 in 1938 to 0.064 in 1956.

# PULMONARY TUBERCULOSIS

## NOTIFICATION AND DEATH RATES, 1938—1956 WILTSHIRE

— Notification rate per 1,000 population.  
..... Death rate per 1,000 population.





# CASES OF TUBERCULOSIS STILL REMAINING UPON THE CLINIC REGISTERS.

The following table shows that in spite of the fall in the notification and death rates, the number of cases of pulmonary and non-pulmonary tuberculosis remaining on the clinic registers at the end of 1956 still exceeded 2,000. The percentage of pulmonary patients with positive sputum dropped from 4.3% in 1955 to 3% in 1956.

Year.	Cases remaining on Register.			Number of patients sputum positive (last 6/12 of year).	Visits paid by health visitors.
	Pulmonary.	Non-Pulmonary.	Total.		
1949	1,300	410	1,710	129	1,077
1950	1,416	434	1,850	132	1,091
1951	1,494	418	1,912	128	2,000
1952	1,481	320	1,801	98	1,350
1953	1,618	297	1,915	101	1,214
1954	1,687	302	1,989	88	1,270
1955	1,755	283	2,038	76	1,713
1956	1,882	280	2,162	57	1,738

## HOME VISITING.

Numerous visits are made by the chest physicians to the homes of patients who are unfit to attend clinics, and the majority of the notified cases are referred to the health visitors for periodical home visits until they are written off the clinic registers as recovered. The health visitors' service is of great value in securing the attendance of contacts at the clinics as well as encouraging the patient to follow the advice given on the prevention of the spread of infection. Their help is also valuable when, for example, a special report is required on the home conditions in the case of a child who has received treatment for a tuberculous condition and is about to be discharged home.

## EXAMINATION OF CONTACTS.

The number of home contacts of tuberculous patients first seen during 1956 was 907, and the number of contacts seen per notified case was 4.4, the highest figures ever recorded. Included in the 907 contacts seen in 1956 there were a few R.A.F. personnel, who were referred for examination on account of their contact with a case of tuberculosis in the Service. The following table gives the results of the investigation of the 907 contacts:—

	M.	W.	C.	Total.	Percentage.
Diagnosed as tuberculous ... ..	9	8	9	26	3
Non-tuberculous ... ..	238	214	386	838	92
Diagnosis not completed by 31/12/56 ... ..	15	17	11	43	5
TOTALS ... ..	262	239	406	907	100

At the request of the Ministry of Health the following table is given showing the number of contacts examined per notified case of tuberculosis in recent years:—

Year.	Number of Notifications.	Number of Contacts examined.	Number of Contacts examined per notified case
1949	426	547	1.3
1950	356	635	1.8
1951	403	735	1.8
1952	315	781	2.5
1953	378	776	2.0
1954	307	726	2.4
1955	250	815	3.2
1956	208	907	4.4

#### HOUSING.

The district councils are responsible for providing houses and during the year 48 additional certificates in support of applications were issued by the Chest Physicians.

Since 1949, 346 patients (62 %) out of 557 referred by the chest physicians have been re-housed. For 21 others (4 %) alternative satisfactory arrangements have been made and 141 (25 %) have withdrawn their applications, left the County or died. In the remaining 49 cases (9 %) it has not yet been found possible to provide re-housing.

#### GENERAL AFTER-CARE WORK.

The supply of free milk was continued to necessitous patients, sputum flasks issued, and home helps provided.

The County branch of the British Red Cross Society continued to give valuable assistance in the care of tuberculous patients, particularly ex-service men.

#### DIVERSIONAL THERAPY.

180 cases, including 13 in 1956, have been referred to the Red Cross Society since the beginning of the scheme and were supplied with materials for rug making, leather work, felt toys, etc. Library fees for reading facilities for some patients were also paid to the hospital librarian of the Red Cross Society.

#### CO-OPERATION WITH CHILDREN'S OFFICER.

This continued in connection with applications for legal adoption and the boarding-out of children, and suitable advice from the Chest Physician was given.

#### EMPLOYMENT OF TUBERCULOUS PATIENTS.

Co-operation continued with the resettlement officers of the Ministry of Labour, the Civil Service, the armed services, and civilian employers.

#### TUBERCULOSIS IN SCHOOLS.

At the request of the Parents' Association of a private school in the Marlborough area, where one child had been notified as suffering from tuberculous cervical glands, the children attending the school were specially examined. 23 were tuberculin tested and in 10 the result of the test was positive. Chest x-rays of the children with positive results were arranged but in none was evidence of active tuberculosis discovered. In one case, however, observation was considered desirable and the child in question was followed up at the Chest Clinic with a negative result.

#### SPECIAL CASE FINDING SURVEY IN WHOLE OR PART OF THE AREA.

Apart from the routine surveys by the mass radiography units in various towns the results of which are given later in this report, no special case finding survey was undertaken.



## REHABILITATION.

During 1956 the County Council paid for two tuberculous patients receiving treatment combined with training at a rehabilitation centre. The County Council does not become financially liable until the patient is fit to work at least five hours daily, the regional hospital boards being responsible until that stage is reached.

Tuberculous patients not requiring treatment but needing training can receive it at rehabilitation centres organised by the Ministry of Labour, subject to confirmation by the chest physicians that such training would be suitable. The County Council is not financially liable in such cases.

## FINANCIAL ASSISTANCE TO TUBERCULOUS PATIENTS.

The National Assistance Board are able to provide extra financial help to tuberculous patients subject to the Chest Physician certifying that the patient has had to give up work to undergo treatment. Numerous certificates were issued.

## PROTECTION OF CHILDREN FROM TUBERCULOSIS.

Entrants to the staff of the County Council whose work will bring them in close contact with groups of children are required to have a chest x-ray besides medical examination prior to commencing their duties.

In 1956 one applicant for a post under the County Council was rejected owing to a history of pulmonary tuberculosis.

In 1956 it was not possible, owing to less activity in Wiltshire on the part of the mass radiography units, to offer chest x-ray examination to the existing staff of so many day nurseries and children's homes as in the previous year, but staff at eight out of 14 children's homes and day nurseries were offered mass radiography. Those missed in 1955, owing to the units being unavailable, were covered in 1956.

As far as possible teachers were offered mass radiography during the year.

## B.C.G. VACCINATION.

This includes the work undertaken by the chest physicians on behalf of the County Council in vaccinating contacts of actual cases of tuberculosis, and that undertaken for the regional hospital boards in vaccinating nursing and other hospital staff. When B.C.G. vaccination was first commenced the work for the regional hospital boards was by far the greater, but this position has been reversed. The work undertaken for the County Council is now very considerable and is likely to continue to expand in consequence of the acceptance by the public of B.C.G. vaccination as a measure for prevention.

The work carried out during 1956, and from the commencement of the scheme until the end of 1956, was as follows:—

	Number Vaccinated.		Number who refused Vaccination.	
	In 1956.	From commencement of scheme.	In 1956.	From commencement of scheme.
(a) Contacts ... ..	382	1,307	13	31
(b) Hospital staffs ... ..	80	539	5	42
TOTALS ... ..	462	1,846	18	73

The scheme for the vaccination of 13-year-old schoolchildren is reported separately.

The Ministry of Health require that all hospital staff vaccinated shall be re-tested annually for five years and as far as practicable, this has been done.

Some hospital staff who remain in the County on leaving the hospital service are invited for follow-up at the nearest chest clinic, but few attend.

The B.C.G. records of hospital staff transferred to hospitals outside the County are forwarded to the new hospitals.

#### FOLLOW UP OF CONTACTS AFTER B.C.G. VACCINATION.

##### *South Western and South West Metropolitan Regional Hospital Board Areas.*

In the areas of the County covered by the South Western Regional Hospital Board and South West Metropolitan Regional Hospital Board, since the commencement of the scheme 933 contacts had received B.C.G. vaccination up to the end of 1956.

It is now only possible to re-test these contacts at a three yearly interval instead of annually as originally intended, but practically all contacts have been re-tested once or more since their original vaccination.

##### *Oxford Regional Hospital Board Area.*

In the area of the County served by the Oxford Regional Hospital Board, since the commencement of the scheme 374 contacts received B.C.G. vaccination up to the end of 1956. The Oxford Regional Hospital Board desire an annual re-test to be made of all contacts vaccinated and every effort is made to undertake this.

Of the contacts first seen in 1956, 87 were new-born babies, This figure compares with 53 such cases vaccinated in the previous year.

All contacts attending the chest clinics received a tuberculin test, but vaccination was only indicated where this test was negative. The ratio of negative reactors to positive reactors is approximately three to one.

#### MASS RADIOGRAPHY.

The following table shows the work undertaken during 1956:—

Area Served.	Persons mass X-rayed for the first time.	Persons previously mass X-rayed.	TOTAL.	Referred to Chest Physician.
R.A.F. Melksham ...	687	1,657	2,344	—
Malmesbury ...	431	861	1,292	9
Crudwell ...				
R.A.F. Hullavington ...				
Pewsey Hospital ...	271	182	453	10
Chippenham ...	2,368	2,849	5,217	10
Melksham ...	288	714	1,002	2
Holt ...	39	108	147	
Atworth ...	87	196	283	
Broughton Gifford ...	84	18	102	
Lacock ...	108	35	143	
Trowbridge ...	1,141	1,700	2,841	9
Bradford-on-Avon ...	236	758	994	1
Warminster ...	387	260	647	1
Porton ...	208	374	582	4
Fordingbridge ...	561	427	988	7
TOTALS ...	6,896	10,139	17,035	53

The 17,035 persons mass x-rayed compared with 42,296 in 1955, of whom 301 were referred to the chest physicians. The main reason for the large drop was that no surveys were held in Swindon or Salisbury.



The results of the follow-up examinations of the 53 cases referred to the chest physicians were as follows:—

Active Pulmonary Tuberculosis	...	...	...	...	14
Inactive Pulmonary Tuberculosis	...	...	...	...	15
Carcinoma of Bronchus	...	...	...	...	1
Other non-tuberculous chest conditions	...	...	...	...	10
Nothing abnormal detected	...	...	...	...	2
For observation	...	...	...	...	8
Failed to attend	...	...	...	...	3
					—
					53
					—

Two patients were admitted for sanatorium treatment.

The ratio of persons with active pulmonary tuberculosis to the number examined fell from 1.33 per 1,000 in 1955 to 0.83 in 1956.

Including cases with inactive pulmonary tuberculosis and those requiring observation, the ratio was 2.2 per 1,000 compared with 4.2 per 1,000 in the previous year. These figures relate to the surveys carried out in the more rural areas to a great extent, whereas the higher figures in 1955 resulted from surveys in the urban and industrial areas.

#### CHEST CLINIC ATTENDANCES.

The following table shows the number of attendances during the year:—

Clinic.	Men.	Women.	Children.	Total.
Salisbury ... ..	1,978	1,824	776	4,578
Trowbridge ... ..	908	704	394	2,006
Swindon ... ..	2,774	2,302	1,457	6,533
Chippenham ... ..	869	656	299	1,824
Devizes ... ..	301	280	120	701
Savernake ... ..	121	135	69	325
TOTALS ... ..	6,951	5,901	3,115	15,967

The total attendance figure of 15,967 is the highest ever recorded and compares with 14,301 in the previous year.

In April, 1956, Swindon Hospital Management Committee moved the Swindon Chest Clinic to Community House, Faringdon Road, Swindon, from the County Council's premises at 15 Milton Road. Arrangements for examining patients, accommodation for doctors and nurses, screening facilities, waiting room accommodation, etc., are now more satisfactory. There is, however, no x-ray apparatus in these premises, patients still having to attend for their x-rays at the Swindon Victoria Hospital.

#### HOSPITAL TREATMENT.

On the 1st January, 1956, there were 167 patients under treatment in hospital, 357 were admitted during the year, 404 were discharged, leaving 120 still under treatment on the 31st December, 1956. Patients continued to be admitted from areas outside Wiltshire, notably from Southampton, Hampshire and Dorset, although not to the same extent as hitherto, owing to the general fall in the waiting lists. Also for this reason, in some hospitals beds are being utilised for the reception of non-tuberculous patients with other chest conditions.

Thoracic surgery for tuberculous patients is undertaken at Peppard Chest Hospital, Frenchay Hospital, Bristol, and Southampton Chest Hospital, and 60 patients were admitted to these hospitals during the year.

## GENERAL.

## MEDICAL AND CLERICAL STAFF.

There is again no change to report in the medical staff. The chest physicians are officers of the regional hospital boards, but continue to undertake duties for the prevention of tuberculosis on behalf of the County Council.

The clerical work of both sides of the tuberculosis scheme, prevention and treatment, is undertaken by the staff of the County Health Department, the cost of the salaries and other expenses being met by the County Council and the three regional hospital boards concerned in equal proportions.

The integration of the work in this manner is most effective and is in accordance with the policy of the Ministry of Health for close co-operation between the two authorities responsible for the tuberculosis service.



## Miscellaneous Services

### \*CHRONIC SICK BEDS.

During the year the Salisbury Group Hospital Management Committee referred 94 cases for investigation. In 43 priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

### \*REGISTRATION OF NURSING HOMES.

During 1956 no new application for registration was received. At the end of the year there were on the register 8 homes in active use, providing 18 maternity and 89 other beds.

### \*NURSERIES AND CHILD MINDERS ACT, 1948.

There is one nursery registered under this Act providing for 14 children. Five daily minders are registered, taking a maximum of 39 children in all.

### REGISTRATION OF NURSING CO-OPERATIONS.

No new application for registration was received during the year. The registration of one co-operation was renewed.

### REGISTRATION OF BLIND AND PARTIALLY-SIGHTED.

During the year 112 reports were obtained. These related to:—

Newly certified as blind	...	...	...	...	78
Newly certified as partially-sighted	...	...	...	...	19
Removed from Blind Register	...	...	...	...	6
Removed from Partially-Sighted Register	...	...	...	...	3

Of the 78 persons newly certified as blind, 38 were recommended treatment and, by the end of the year, 26 had received it. Of the remainder three had died before treatment, two had refused it, and seven were awaiting treatment.

Of the 19 cases newly certified as partially-sighted, 8 were recommended treatment, and by the end of the year five had received it. Of the remainder, one had died before treatment, and two were awaiting it.

[\*Statistics in these sections exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

The following tables summarise the position in the form requested by the Ministry:—

**A. REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS.**

(i) Number of persons registered during the year in respect of which Para. 7 (c) of Forms B.D. 8 recommends:—	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Other.
(a) No treatment ... ..	8	5	—	38
(b) Treatment (medical, surgical or optical) ...	18	6	—	22
(ii) Number of persons at (i) (b) above who on follow-up are found to have received treatment ... ..	11	6	—	14

**\*B. OPTHALMIA NEONATORUM.**

(i) Total number of persons notified during the year.	2
(ii) Number of persons in whom	
(a) Vision lost ... ..	—
(b) Vision impaired ... ..	—
(c) Treatment continuing at end of year ... ..	—

**EXAMINATION OF MEDICAL REPORTS ON ENTRANTS TO THE COUNTY STAFF.**

During the year 279 medical reports on entrants to the County staff were considered. Of these 264 were passed as fit for permanent employment.

Eight certificates were issued in connection with the award of breakdown pensions to employees.

\* Statistics in this section exclude the Borough of Swindon.



# *Sanitary Circumstances of the County*

## WATER SUPPLY

The quality and quantity of public water supplies throughout the County were satisfactorily maintained during the year.

The need for continued vigilance on the part of water authorities and for co-operation between the various departments concerned with human and animal health was emphasised during the foot and mouth disease outbreak in north west Wiltshire in the autumn when infected carcasses were buried too close to the sources of water supply. The chief danger was to the Swindon Borough well at Ogbourne where a large number of carcasses were buried over one of the adits feeding the well. Serious pollution was averted in time by exhuming the carcasses, sealing off the adit and increasing chlorination. Steps have now been taken to ensure improved liaison between the Ministry of Agriculture and water undertakers to ensure the safe disposal of carcasses in future outbreaks.

In September the Ministry of Housing and Local Government made approaches to all Wiltshire water authorities with regard to the regrouping of the water undertakings into larger units, and subsequently suggested that the 26 water authorities in the County should be reduced to four. The aims in forming larger units are to promote the most effective use of all the water resources and to provide an efficient, safe and reliable service supervised by a full-time expert staff.

Further progress was made in 1956 in extending piped water supplies in rural areas. During the year 16 further water schemes were submitted to the County Council for their observations under the Water Supplies and Sewerage Acts. Since the end of the war water schemes to the value of over £3,000,000 have been proposed by rural authorities and work to the value of £1.4 million has now been carried out in implementing them.

The position at the end of 1956 in each of the rural districts is briefly as follows:—

### AMESBURY RURAL DISTRICT.

Stage 1 of the £300,000 regional water scheme was completed during the year by laying the rising main from the Newton Toney Borehole source to Amesbury reservoir.

### BRADFORD AND MELKSHAM RURAL DISTRICT.

Piped supplies were extended to Challymead, Broughton Gifford, to Murhill, Winsley and to Bradford Leigh. A start was also made on Stage III of the regional scheme to Monkton Farleigh from South Wraxall.

### CALNE AND CHIPPENHAM RURAL DISTRICT.

The regional scheme has now been virtually completed and piped supplies provided to practically the whole of the district.

### CRICKLADE AND WOOTTON BASSETT RURAL DISTRICT.

No further progress was made during the year on the revised improvements to the existing regional scheme, which proposes an additional reservoir at Hook and a trunk main to Wootton Bassett parish.

### DEVIZES RURAL DISTRICT.

Good progress was made. The N.E. and N.W. areas have been completed and the S.E. area scheme based on the Chirton source was almost finished at the end of the year. There now remains only the S.W. area scheme to be implemented.

### HIGHWORTH RURAL DISTRICT.

No further progress was made during 1956. A revised scheme based on a bulk supply from Swindon Borough was approved by the Ministry and the County Council.



#### MALMESBURY RURAL DISTRICT.

Excellent progress was made in this district with the regional scheme based on the Corston and Charlton sources. The Corston borehole was completed during the year and work is in progress on the development of the Charlton Spring. Both reservoirs, rising mains and most of the distributing mains have already been completed and are supplying water.

#### MARLBOROUGH AND RAMSBURY RURAL DISTRICT.

The Northern area scheme based on the Clatford borehole has been completed and mains extended to Froxfield, Axford, Mildenhall and Ogbourne. The source for the Bedwyn and Shalbourne scheme has been developed and tenders have been authorised for reservoir and main laying to begin in 1957.

#### MERE AND TISBURY RURAL DISTRICT.

Stages 1 and 2 of the Regional scheme have been completed and good progress made during the year on Stage III covering the parishes of Zeals, Stourton and Kilmington.

#### PEWSEY RURAL DISTRICT.

During the year piped supplies were extended to Easton, Milton and Pewsey from the Collingbourne Kingston source. The Enford source was also developed as the first stage of the Avon Valley scheme.

#### SALISBURY AND WILTON RURAL DISTRICT.

Good progress was made during the year in extending piped water to Wishford and South Newton from the Wylde source, to Compton Chamberlayne from the Fovant source, and to Alderbury and West Grimstead by a bulk supply from the West Hants Water Company.

#### WARMINSTER AND WESTBURY RURAL DISTRICT.

No further progress was made in 1956 beyond the acquisition of the Heytesbury Estate water mains for inclusion in the Southern regional scheme. On the advice of the Ministry and County Council the polluted Codford source has now been abandoned in favour of a proposed alternative source farther up the Wylde valley remote from any potential pollution.

### FLUORIDATION OF PUBLIC WATER SUPPLIES

There is a good deal of public interest generally in the question of fluoridation. Research has clearly established that too little fluorine in drinking water encourages dental decay in children and young people and that the most desirable fluorine content is one part per million. Fluorine is contained naturally in practically all water supplies; some contain sufficient fluorine but many contain too little. It is not difficult in these supplies to raise the level to one part per million by adding fluorine at the waterworks and it is likely this will become the established practice in the future. Four water authorities in the United Kingdom have already commenced fluoridation. In Wiltshire samples indicate that all the mains water supplies, with the exception of that for Swindon and Highworth, would require the addition of fluorine to reach the level of one part per million.

### SEWERAGE

During the year 4 further rural sewerage schemes were submitted to the County Council for observations under the Water Supplies and Sewerage Act. Since the war schemes to the value of £2.6 million have been approved by the County Council and work to the value of £0.7 million has been carried out.

The following is a brief description of position at the end of 1956 in each rural district.

#### AMESBURY RURAL DISTRICT.

Amesbury, Bulford and Durrington are sewered. The Amesbury disposal works were extended in 1956.



**BRADFORD AND MELKSHAM RURAL DISTRICT.**

Hilperton, Winsley, Holt and Staverton parishes are sewered. A scheme for Atworth, Whitley and Shaw has been approved.

**CALNE AND CHIPPENHAM RURAL DISTRICT.**

Sewerage schemes exist at Biddestone, Castle Combe, Corsham, Lacock and Colerne. Proposals for a sewerage scheme at Box, and for extending the Colerne disposal works were approved during the year.

**CRICKLADE AND WOOTTON BASSETT RURAL DISTRICT.**

Wootton Bassett, Purton and Cricklade are sewered. No proposals for other Parishes were submitted during 1956.

**DEVIZES RURAL DISTRICT.**

Erlestoke and Potterne are sewered and the Rowde provision is nearing completion. Schemes for Bromham, Easterton, Market Lavington, Urchfont, Seend, Stanton St. Bernard, Wedhampton, Etchilhampton and the Cheverills have been approved by the County Council.

**HIGHWORTH RURAL DISTRICT.**

Sewerage schemes are installed at Chisledon, Wroughton, Wanborough, Haydon Wick, Blunsdon, Stratton, Highworth and South Marston. A scheme for Sevenhampton has been approved.

**MALMESBURY RURAL DISTRICT.**

None of the parishes have proper sewerage schemes except Sherston. Proposals for Corston, Hullavington and St. Paul Without have been approved by the County Council.

**MARLBOROUGH AND RAMSBURY RURAL DISTRICT.**

Ramsbury parish is sewered and Aldbourne is nearing completion.

**MERE AND TISBURY RURAL DISTRICT.**

Sewerage schemes exist at Tisbury, Zeals, Mere, Hindon, and Maiden Bradley. Extension of the Tisbury scheme is nearing completion.

**PEWSEY RURAL DISTRICT.**

Pewsey, Ludgershall and East Everleigh are sewered. A scheme for sewerage the Avon Valley villages was approved by the County Council during the year.

**SALISBURY AND WILTON RURAL DISTRICT.**

Quidhampton is the only parish with a scheme at present. Proposals for Downton, Fovant, Barford, Berwick St. James, Laverstock, Wylke, Redlynch, Wishford, and South Newton have been approved by the County Council.

**WARMINSTER AND WESTBURY RURAL DISTRICT.**

No proper sewerage schemes exist in this district and none are contemplated at present.

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## *Milk and Food*

Number of Wiltshire Dairy Farms	...	...	...	...	3,136
Number of Non-designated Farms	...	...	...	...	994
Number of T.T. Farms	...	...	...	...	2,142
Annual production of T.T. milk	...	...	...	...	81.8%
Annual production of Non-designated milk	...	...	...	...	18.2%
Number of Producer/retailers	...	...	...	...	244
Number of Distributors	...	...	...	...	147
Number of Pasteurising plants licensed	...	...	...	...	12
Number of Pasteurised milk samples taken by C.C.	...	...	...	...	321
Number of Pasteurised milk samples satisfactory	...	...	...	...	318
Number of Pasteurised milk samples unsatisfactory	...	...	...	...	3
Number of Biological milk samples taken by C.C.	...	...	...	...	80
Number of Biological milk samples negative to tubercle	...	...	...	...	80

The supervision and control of the milk supply in the county to ensure clean and safe milk greatly affects the public health. Milk sampling, including biological sampling, is necessary to discover infected milk, and I am glad to report that the sampling scheme devised in conjunction with district medical officers of health in 1955 is now being satisfactorily carried out.

During 1956 over 81% of the 60 million gallons of milk produced in Wiltshire was tuberculin tested. Very little non-designated milk is now being retailed in the County and this will be restricted even further on the 1st April, 1957, when an additional part of Wiltshire will be made a specified area where retail sales will be limited to heat treated and tuberculin tested milk.

The areas specified under the 1957 order are as follows:—

The Boroughs of Devizes, Malmesbury, Marlborough and Swindon, and the Rural Districts of Cricklade and Wootton Bassett, Devizes, Highworth, Malmesbury, Marlborough and Ramsbury and Pewsey.

During the year 80 samples of milk were taken by the County Health Inspector for biological examination and all were free from tubercle.

### PASTEURISED MILK.

The official inspection and sampling of the 13 pasteurising plants licensed by the County Council was carried out by the County Health Inspector at fortnightly intervals and of the 321 samples taken for the statutory test 318 were satisfactory.

### MILK IN SCHOOLS SCHEME.

Frequent inspection and sampling of school milk supplies continued during the year, and every effort was made to replace raw milk with pasteurised milk.

Of school children drinking milk 99.7% were receiving pasteurised milk at the end of 1956 and the following table shows the number of schools receiving the various grades of milk.

(a) Pasteurised milk	...	...	...	...	...	332 schools
(b) T.T. Milk	...	...	...	...	...	3 „
(c) Non-designated milk	...	...	...	...	...	1 „
Total	...	...	...	...	...	336 „



# *Housing*

Current housing policy is mainly directed by the Housing Repairs and Rent Act, 1954, which aims at accelerating slum clearance, the repair of sub-standard houses and the encouragement of modern improvements and conversions. The provisions are enforced by the district councils.

The Act is designed to achieve the following purposes:—

1. Houses which are worn out and beyond repair must be demolished.
2. The owners of houses capable of being made fit, but at unreasonable cost, are given the choice of repairing them or demolishing them.
3. The owners of houses which are capable of repair at reasonable cost must repair them.
4. The owners of houses in good repair and with the necessary amenities are encouraged to keep them in good repair by means of a rent increase which can be resisted by the tenants if the houses are not kept in good repair.
5. The owners of basically sound houses, which lack modern amenities, are encouraged to provide such amenities by improvement grants.

With totally unfit houses the aim is to deal with the worst first, and in those areas where the problem is so large that it cannot be solved by demolition of all the houses in 5 years, local authorities are permitted to purchase the less hopeless of them and “patch” them to provide tolerable accommodation for the time being until the very worst houses have been demolished and circumstances permit the “patched” houses in their turn to be dealt with.

Section 88 of the Housing Act, 1936, requires County Councils to have regard to the steps taken by rural housing authorities to remedy unsatisfactory housing conditions in their areas.

In the rural districts of Wiltshire the estimated number of unfit houses is 2,350 and of these 1,634 are scheduled for demolition within the first five year period. 141 of these houses are in clearance areas, and the remainder individual unfit houses.

The repair and modernisation of sub-standard houses is being helped by the extension of piped water supplies to the villages under the Water Supplies and Sewerage Act. The same cannot be said of sewerage facilities, however, for a large number of rural houses although they may have television sets, are without water closets. It is to be hoped that now the regional water schemes are well advanced, a start will soon be made on sewerage for the 229 parishes in the County without main drainage, which has important bearing on good housing.

Appendices D, E, F, G and H review the housing programmes and other housing statistics in the twelve rural districts for 1956.

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# APPENDIX A

## NURSING DISTRICTS

Nursing Districts.	General Nursing.				Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits.)	
	Cases Attended.		Visits Paid.			
Alderbury and Longford ... ..	197	(57)	671	(432)	14	(17)
Amesbury ... ..	40	(32)	624	(447)	55	(38)
Ashton Keynes ... ..	122	(118)	1108	(911)	20	(18)
Bedwyn, Shalbourne, etc. ... ..	111	(105)	1327	(1028)	9	(18)
Blunsdon ... ..	173	(187)	668	(856)	30	(19)
Bourne Valley ... ..	82	(92)	1189	(1067)	21	(18)
Box ... ..	267	(304)	3310	(5389)	11	(5)
Bradford-on-Avon—Nurse I ... ..	59	(86)	973	(1699)	9	(8)
Nurse II ... ..	60	(54)	804	(1137)	7	(10)
Bratton ... ..	101	(106)	1317	(640)	14	(15)
Bromham ... ..	75	(80)	1037	(1026)	6	(6)
Bulford ... ..	215	(368)	1342	(1680)	—	(—)
Burbage and Easton ... ..	198	(230)	2523	(1954)	14	(13)
Calne Town—Nurse I ... ..	199	(235)	3201	(2883)	12	(26)
Nurse II ... ..	238	(73)	1318	(447)	28	(14)
Calne Country ... ..	84	(102)	2127	(1612)	13	(14)
Castle Combe ... ..	111	(154)	1190	(1529)	13	(10)
Chalke Valley ... ..	94	(91)	988	(1581)	18	(25)
Chippenham—Midwifery ... ..	—	(—)	—	(—)	80	(79)
General ... ..	155	(193)	2970	(3236)	—	(—)
Chisledon ... ..	72	(62)	577	(596)	21	(24)
Codford ... ..	96	(66)	949	(976)	27	(19)
Colerne ... ..	120	(94)	1286	(1039)	14	(9)
Collingbourne—Nurse I ... ..	99	(59)	561	(702)	25	(21)
Nurse II ... ..	84	(91)	905	(909)	20	(23)
Corsham—Midwifery ... ..	—	(—)	—	(—)	48	(58)
General—Nurse I ... ..	101	(110)	2757	(2819)	—	(—)
Nurse II ... ..	90	(109)	1877	(2232)	—	(—)
Cricklade ... ..	59	(58)	364	(346)	20	(28)
Devizes—Midwifery ... ..	84	(78)	642	(813)	43	(36)
General ... ..	99	(113)	4169	(3696)	—	(—)
Dilton Marsh ... ..	136	(133)	1365	(1375)	7	(6)
Donhead ... ..	77	(81)	471	(725)	3	(7)
Downton ... ..	148	(116)	884	(592)	21	(13)
Durrington ... ..	—	(—)	—	(—)	50	(64)
Fonthill ... ..	211	(278)	1660	(1451)	20	(10)
Harnham ... ..	78	(69)	1747	(2269)	40	(32)
Heytesbury ... ..	209	(238)	1885	(1535)	16	(12)
Highworth ... ..	122	(147)	2124	(1788)	38	(36)
Holt ... ..	98	(93)	713	(727)	9	(12)
Kilmington ... ..	506	(410)	2067	(1835)	20	(12)
Langley Burrell ... ..	33	(35)	577	(538)	9	(10)
Larkhill ... ..	154	(215)	1561	(1611)	—	(—)
Lyneham and Clyffe Pypard ... ..	125	(116)	1033	(968)	37	(38)
Malmesbury and Hullavington—Nurse I ... ..	102	(136)	2989	(3473)	20	(28)
Nurse II ... ..	238	(264)	2924	(3231)	35	(24)
Marlborough and Overton—Nurse I ... ..	227	(233)	3159	(2176)	10	(9)
Nurse II ... ..	107	(100)	940	(736)	8	(6)
Melksham—Nurse I ... ..	25	(64)	127	(680)	22	(15)
Nurse II ... ..	36	(39)	709	(519)	25	(27)
Mere ... ..	149	(205)	1417	(1156)	15	(19)
Netheravon ... ..	42	(44)	382	(518)	24	(23)
North Bradley ... ..	68	(76)	1507	(1025)	9	(6)
Pewsey ... ..	89	(118)	1122	(1452)	17	(14)
Pewsey Vale—Nurse I ... ..	17	(31)	231	(454)	9	(16)
Nurse II ... ..	204	(76)	1672	(844)	9	(15)
Potterne ... ..	107	(111)	1485	(1634)	15	(9)
Purton—Nurse I ... ..	73	(109)	441	(551)	31	(36)
Nurse II ... ..	24	(34)	242	(305)	14	(29)



Nursing Districts.	General Nursing.				Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits.)	
	Cases Attended.		Visits Paid.			
Ramsbury ... ..	139	(183)	1427	(2642)	17	(24)
Salisbury—						
Midwifery (Infirmary Staff: 2 Midwives) ...	—	(—)	—	(—)	174	(189)
St. Martin's (General) ... ..	73	(76)	1359	(1369)	—	(—)
Fisherton (General) ... ..	111	(98)	1159	(1371)	—	(—)
St. Michael's (General) ... ..	94	(109)	1662	(1848)	—	(—)
St. Edmund's and St. Thomas's ... ..	96	(105)	1772	(2082)	—	(—)
St. Mark's ... ..	299	(335)	1258	(1523)	—	(—)
Bemerton ... ..	143	(129)	1269	(1236)	—	(—)
Seend ... ..	*	(267)	*	(1137)	6	(12)
Sherston ... ..	144	(149)	1265	(1636)	7	(9)
Shrewton ... ..	77	(61)	991	(992)	13	(10)
Somerford ... ..	319	(160)	1282	(1591)	18	(19)
Stratton St. Margaret—Nurse I ... ..	68	(72)	1885	(1712)	34	(42)
Nurse II ... ..	75	(69)	868	(876)	22	(17)
Sutton Veny ... ..	88	(79)	611	(630)	17	(12)
Tidworth and Perham Down ... ..	112	(160)	630	(531)	—	(—)
Tisbury ... ..	131	(127)	962	(728)	21	(19)
Trowbridge—Midwifery ... ..	—	(—)	—	(—)	41	(47)
General—Nurse I ... ..	145	(442)	3743	(3542)	—	(—)
Nurse II ... ..	239	(252)	4185	(3608)	—	(—)
Urchfont ... ..	129	(71)	1142	(1399)	11	(12)
Wanborough ... ..	179	(184)	1006	(754)	21	(8)
Warminster—Nurse I ... ..	176	(216)	2187	(2661)	28	(21)
Nurse II ... ..	83	(150)	2262	(1582)	21	(16)
Westbury ... ..	230	(74)	871	(1132)	16	(16)
Whiteparish ... ..	33	(50)	472	(388)	16	(10)
Wilton and Wishford ... ..	121	(137)	1206	(1505)	41	(28)
Winsley ... ..	80	(170)	875	(1175)	2	(4)
Winterbourne Valley ... ..	61	(131)	1410	(1690)	23	(12)
Winterslow ... ..	307	(326)	1245	(1264)	14	(11)
Woodford ... ..	93	(81)	1739	(2028)	7	(9)
Wootton Bassett ... ..	120	(144)	1523	(1093)	43	(30)
Wroughton ... ..	226	(278)	1488	(1589)	44	(49)
TOTALS ... ..	11061	(12050)	122128	(125368)	1782	(1716)

\*Not separately available for this district, the appointment of district nurse midwife was vacant for most of the year.

## APPENDIX B

## MEDICAL LOAN DEPOTS

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
AMESBURY. Red House Farm.	Mrs. I. Muggleton, Red House Farm, Amesbury. (Amesbury 2123.)
BOWERCHALKE. Sunningdale.	Mrs. M. Goodfellow, Sunningdale, Bowerchalke. (Broadchalke 251.)
BRADFORD ON AVON. Red Cross Hut, Trowbridge Road.	Mrs. Holbrook, 33, Winsley Road, Bradford on Avon.
CALNE. Kingsbury Hall.	Mrs. E. M. Cousins, 93 Oxford Road, Calne.
CHIPPENHAM. Watchfield, Rowden Hill.	Mrs. G. E. Moss, Watchfield, Rowden Hill, Chippenham. (Chippenham 2265.)
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston.	Mrs. Fribbance, Mayzells, Collingbourne Kingston. (Collingbourne Ducis 67.)
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion.	Mrs. D. Peters, 37 Arnolds Mead, Corsham. (Corsham 3361.)
CORSHAM (2). Red Cross Centre, Pound Pill.	Mrs. Joy, 17 The Tynings, Corsham. (Corsham 2205.)
CRICKLADE. 78 High Street, Cricklade.	Miss O. Holloway, 78 High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach.	Mrs. G. R. Child, Brighstone, The Breach, Devizes. (Devizes 402.)
DONHEAD. The Firs, Donhead St. Andrew.	Mrs. H. Baddeley, Ice Close, Donhead St. Andrew.
LAVINGTON. Southview Farm, Little Cheverell.	Mrs. B. E. M. Beaven, Southview Farm, Little Cheverell.
LUDGERSHALL. 10 Short Street.	Mrs. F. C. Neve, 10 Short Street, Ludgershall. (Ludgershall 246.)
MALMESBURY. The Silk Mill, Malmesbury.	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury. (Malmesbury 3105.)
MARLBOROUGH. 35A High Street.	Mrs. E. M. Stratton, 25 High Street, Marlborough.
MELKSHAM. Place House, Place Road.	Mrs. W. J. Stratton, Place House, Place Road, Melksham. (Melksham 2285.)
MERE. Tudor Tea Rooms.	Mrs. P. Cross, Glebe Cottage, Church Street, Mere. (Mere 367.)
PEWSEY. The Girl Guide Hut.	Mrs. D. Rankin, Stable End, Pewsey.
PURTON. 20 Witts Lane.	Mrs. Bartlett, 20 Witts Lane, Purton.



Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
RAMSBURY. 27 Council Houses.	Miss M. Edwards, 27 Council Houses, Ramsbury.
SALISBURY. St. John Ambulance Brigade Headquarters, 72 Fisherton Street.	Mr. T. H. Gray (Honorary Secretary), 72 Fisherton Street, Salisbury (Salisbury 4810.)
STRATTON ST. MARGARET. 216 Ermin Street.	Mrs. Frith, 216 Ermin Street, Stratton St. Margaret.
TISBURY. Red Cross Centre.	Miss B. Burt, Prospect House, Tisbury.
TROWBRIDGE. Courtfield House.	Mrs. Mackay, Courtfield House, Trowbridge. (Trowbridge 2048.)
WARMINSTER. St. Andrew's, Boreham Road.	Mrs. G. Nicholls, St. Andrew's, Boreham Road, Warminster.
WILTON. Westminster Lodge, The Hollows.	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel.	Mrs. L. Dixon, 29 Coxstalls, Wootton Bassett.

## APPENDIX C.

## MENTAL HEALTH AREAS AND OFFICERS RESPONSIBLE

Salisbury City,  
Wilton Borough,  
Salisbury and Wilton Rural District,  
Amesbury Rural District,  
Mere and Tisbury Rural District.

Swindon Borough,  
Highworth Rural District,  
Cricklade and Wootton Bassett Rural District

Chippenham Borough,  
Calne Borough,  
Calne and Chippenham Rural District,  
Malmesbury Borough,  
Malmesbury Rural District,  
Bradford and Melksham Rural District  
Trowbridge Urban District,  
Bradford on Avon Urban District,  
Melksham Urban District,  
Devizes Borough  
Devizes Rural District,  
Pewsey Rural District,  
Marlborough Borough,  
Marlborough and Ramsbury Rural District,  
Warminster Urban District,  
Westbury Urban District,  
Warminster and Westbury Rural District.

Mr. R. H. G. Moore, 9 a.m.—5 p.m., 48 Blue Boar Row,  
Salisbury (Tel.: Salisbury 4355).

Outside office hours: 56 Mill Road, Salisbury (Tel.: Salisbury: 4973).

Mr. R. A. Lawton, Deputy. Treetops, White Hill, Pitton,  
nr. Salisbury (Tel.: Farley 286).

Miss S. Ponting, 9 a.m.—5 p.m., 36 Milton Road, Swindon  
(Tel.: Swindon 4102/3).

Outside office hours: 212 Shrivenham Road, Swindon  
(Tel.: Swindon 4381).

Mr. L. Fry.

Outside office hours: 53 Bryans Close Road, Calne.

By message through Calne or Chippenham Police-Calne 2106;  
Chippenham 2222.

Mr. R. A. Shadwell, 9 a.m.—5.15 p.m., County Hall, Trow-  
bridge (Tel.: Trowbridge 3641).

Outside office hours: 18 Marshmead, Hilperton (Tel.:  
Trowbridge 2300).

Mr. F. Garnett, Deputy, 1 Clarendon Gardens, Trowbridge  
(Tel.: Trowbridge 2785).

Mr. C. J. Lewis, 9 a.m.—5.15 p.m. County Hall, Trowbridge  
(Tel.: Trowbridge 3641).

Outside office hours: 40 Westbourne Road, Trowbridge  
(Tel.: Trowbridge 2696).

Miss B. A. Bezzant, Deputy. 9 a.m.—5.15 p.m., 2 Church  
Street, Pewsey (Tel.: Pewsey 3259).

Outside office hours: 20 Wilcot, Pewsey (Tel.: Pewsey 2243).

## OCCUPATION CENTRES

ADDRESS	STAFF
<b>CHIPPENHAM</b>	
Liberal Hall, Station Hill, Chippenham	SUPERVISOR: Mrs. A. Webb. ASSISTANT: Miss C. Anderson (commenced 10/9/56). PART-TIME MEALS ASSISTANT: Mrs. E. Blanchard.
<b>SALISBURY</b>	
113 Exeter Street, Salisbury,	SUPERVISOR: Miss M. E. Hammond. ASSISTANTS: Miss D. Porter, Miss E. Macey.
<b>SWINDON</b>	
81 Bath Road, Swindon.	SUPERVISOR: Miss I. L. Piper. ASSISTANT: Mrs. I. F. Caton. PART-TIME MEALS ASSISTANT: Mrs. F. L. Weare.
<b>TROWBRIDGE</b>	
Zion Baptist Chapel, Union Street, Trowbridge.	SUPERVISOR: Mrs. E. K. Urwin. ASSISTANTS: Mrs. E. O. M. Bodmin, Mrs. M. V. G. Mitchell. PART-TIME MEALS ASSISTANT: Mrs. G. E. Hillier.



## APPENDIX D

## IMPROVEMENT GRANTS MADE UNDER THE HOUSING ACTS, 1949-54

Number of applications and houses dealt with by Local Authorities:—

Rural District 1/1/56 to 31/12/56	(1) Received		(2) Approved		(3) Rejected		(4) Under consideration		(5) Withdrawn	
	Aps.	No. of houses	Aps.	No. of houses	Aps.	No. of houses	Aps.	No. of houses	Aps.	No. of houses
Amesbury* ... ..	29	52	28	49	—	—	1	2	—	—
Bradford and Melksham	Information not available									
Calne and Chippenham‡	50	65	54	66	3	3	9	14	2	2
Cricklade and Wootton Bassett	21	22	16	16	1	1	2	2	2	3
Devizes ... ..	22	25	19	22	1	1	—	—	2	2
Highworth ... ..	Information not available									
Malmesbury ... ..	35	35	35	35	—	—	—	—	—	—
Marlborough and Ramsbury	44	61	43	60	1	1	—	—	—	—
Mere and Tisbury§ ...	108	108	105	105	3	3	2	2	2	2
Pewsey† ... ..	55	71	52	70	1	1	6	7	7	7
Salisbury and Wilton¶	61	89	55	61	2	2	8	15	2	2
Warminster and Westbury	Information not available									

\*One application approved provides for the conversion of four cottages into three.

†Seven applications (ten houses) received in 1955 were not approved until 1956. Three applications (three houses) withdrawn after being approved.

‡Brought forward eighteen applications for twenty houses.

§Columns 4-5. Preliminary applications by letter, and withdrawn prior to formal application.

¶Columns 4-5 include applications received in 1955 and dealt with in 1956.

## NUMBER OF HOUSES IMPROVED AS RESULT OF GRANTS

Amesbury ... ..	33
Bradford and Melksham ... ..	Information not available
Calne and Chippenham ... ..	63
Cricklade and Wootton Bassett ... ..	25
Devizes ... ..	28
Highworth ... ..	Information not available
Malmesbury ... ..	34
Marlborough and Ramsbury ... ..	60
Mere and Tisbury ... ..	105
Pewsey ... ..	164
Salisbury and Wilton ... ..	75
Warminster and Westbury ... ..	Information not available

## APPENDIX E

Rural District 1/1/56 to 31/12/56	No. of grants made by Local Authority	Cost of grants made	No. of houses improved including new houses brought into use by con- version.
		£ s. d.	
Amesbury ... ..	36	9,647 9 10	36
Bradford and Melksham ...		Information not available.	
Calne and Chippenham	54	19,112 0 0	67
Cricklade and Wootton Bassett	23	7,758 0 0	25
Devizes ... ..	21	7,020 0 0	28 (28 completed during year, of which 22 were for grants approved in 1955.)
Highworth ... ..		Information not available.	
Malmesbury ... ..	34	Information not given.	34
Marlborough and Ramsbury ...	43	15,603 0 0	60
Mere and Tisbury ... ..	105	29,772 0 0	105
Pewsey ... ..	53	14,701 13 0	69
Salisbury and Wilton ... ..	66	20,388 0 0	66
Warminster and Westbury ...		Information not available.	

## APPENDIX F

Rural District 1/1/56 to 31/12/56	Number of applications in respect of owner occupiers.	Average cost per dwelling approved. (£)	Average rent fixed. per week (£)	Average amount of grant payable by Local Authority. (stated as %)
		£ s. d.	£ s. d.	
Amesbury ... ..	11	572 0 0	1 5 0	50%
Bradford and Melksham ...		Information not available.		
Calne and Chippenham ...	35	289 0 0	1 6 1	50%
Cricklade and Wootton Bassett	7	337 0 0	18 10	49%
Devizes ... ..	10	1,141 0 0	1 11 0	50%
Highworth ... ..		Information not available.		
Malmesbury ... ..	15	634 0 0	17 6	50%
Marlborough and Ramsbury ...	14	362 0 0	15 0	50%
Mere and Tisbury ... ..	28	648 0 0	1 5 0	43%
Pewsey ... ..	14	626 0 0	17 2	39.1%
Salisbury and Wilton ... ..	23	735 0 0	1 10 0	50%
Warminster and Westbury ...		Information not available.		



# APPENDIX G

## HOUSING ACCOMMODATION PROVIDED DURING 1956

Rural District	Houses erected during year.				Houses in course of erection.				Gained from conversion of large houses into flats or dwellings.		Lost from conversion of two or more houses into one.	
	For slum clearance.		For other purposes.		For slum clearance.		For other purposes.		Local Authority	Private Enterprise	Local Authority	Private Enterprise
	Local Authority	Private Enterprise.	Local Authority	Private Enterprise	Local Authority	Private Enterprise	Local Authority	Private Enterprise				
Amesbury ... ..	—	—	60	39	7	—	19	42	—	3	—	1
Bradford and Melksham ... ..					information not available							
Calne and Chippenham ... ..	—	—	50	49	4	—	14	72	—	6	—	3
Cricklade and Wootton Bassett ... ..	9	—	57	21	15	—	27	32	—	—	—	—
Devizes ... ..	10	—	68	11	14	—	—	6	—	—	—	—
Highworth ... ..					Information not available							
Malmesbury ... ..	—	—	—	25	8	—	24	14	—	—	—	—
Marlborough and Ramsbury ... ..	1	—	14	10	—	—	—	14	—	2	—	2
Mere and Tisbury ... ..	—	—	6	9	5	—	16	5	—	2	—	3
Pewsey ... ..	—	—	36	24	6	—	—	13	2	1	—	1
Salisbury and Wilton ... ..	12	—	54	81	29	—	—	55	—	5	—	1
Warminster and Westbury ... ..					information not available							



# APPENDIX H

RURAL DISTRICT	Amesbury	Bradford and Melksham	Calne and Chippenham	Cricklade and Wootton Bassett	Devizes	High-worth	Malmesbury	Marlborough and Ramsbury	Mere and Tisbury	Pewsey	Salisbury and Wilton	Warminster and Westbury
Total number of permanent dwellings in district ... ..	†3,592	Information not available	7,644	4,553	3,975	6,446	3,169	3,124	3,672	4,272	5,714	
Total number of permanent dwellings owned by local authority ... ..	1,038		968	969	811	1,969	430	550	507	962	681	
Number of temporary dwellings occupied	—		192	127	—	2	§57	—	2	—	¶107	
Number of houses unfit for human habitation within the meaning of Section 9 Housing Repairs and Rent Act, 1954, and suitable for action under Section 11 or Section 25 Housing Act, 1936 ... ..	99	98	approx. 284	86	138	348	81	75	77	161	148	
ACTION DURING YEAR												
1. Number of houses in Clearance Areas for which												
(a) Clearance Orders have been made ... ..	—	—	—	—	—	—	—	—	—	—	—	
(b) Compulsory Purchase Order made ... ..	—	—	—	—	—	—	—	—	—	—	—	
(c) Purchased by agreement ... ..	—	—	—	—	—	—	—	—	—	6	—	
2. Number of houses in Clearance Areas still to be made ... ..	9	—	—	—	not anticipated	—	—	—	—	—	—	
3. Number of houses in Clearance Areas which have been patched for temporary accommodation under Section 2 Housing Repairs and Rents Act, 1954 ... ..	—	—	—	—	—	—	—	—	—	—	—	Information
4. Number of houses demolished under Section 25 Housing Act, 1936 ...	—	—	—	—	2	—	—	—	—	—	—	
5. Number of houses demolished under Section 11 Housing Act, 1936 ...	19	1	2	5	12	6	9	15	5	4	34	
6. Number temporary dwellings demolished ... ..	—	—	—	86	—	3	7	—	1	—	4	not
7. Number houses closed as result of Closing Orders or undertakings by owners ... ..	3	3	2	11	9	18	—	—	7	4	35	
8. Number of unfit houses occupied under licence ... ..	4	—	—	—	20	5	—	—	—	—	2	
9. Number of houses overcrowded ... ..	*see note below	not known	not known	3	not known	9	—	13	2	4	not known	available
10. NUMBER OF HOUSES MADE FIT DURING YEAR												
(a) Informal action ... ..	64	9	7	14	96	266	57	57	62	34	94	
(b) Statutory action ... ..	3	—	2	1	—	—	—	—	—	1	11	
11. ESTIMATED NUMBER OF HOUSES REQUIRED												
(a) To replace houses scheduled for demolition ... ..	81	information not available	approx. 142	86	47	175	information not available	34	55	161	150	
(b) To abate overcrowding ... ..	*see note below		not known	—	—	9		2	—	4		
(c) For other purposes ... ..	app. 300		not known	—	‡83	50		14	47	—	11	
12. Number of applications for Council houses at end of year ... ..	412		462	335	‡305	273	203	165	193	328	493	
13. Number of Council houses sold during year ... ..	—		—	2	3	—	—	—	—	—	—	

\*In an area such as this, where there is a considerable migrant population due to the presence of Service Establishments, it is not possible to give an accurate figure.

†This does not include any dwellings owned by the Crown and occupied by Service personnel.

‡As at 30th September, 1956.

§Including ex-army huts on requisitioned land.

¶Premises licensed under Section 53 and caravans licensed under Section 269, Public Health Act, 1936.